### TO-5 Telephone Order Service Request

**NC Department of Information Technology Service Delivery**  
**DIT Home Page Web Address:** [https://it.nc.gov/](https://it.nc.gov/)  
**DIT Service Desk:** (919)-754-6000; 1-800-722-3946  
**Upload this completed form to the DIT Service Now Portal:**  
[https://ncgov.servicenowservices.com/sp_dit](https://ncgov.servicenowservices.com/sp_dit)  
***Sign into the Service Now Portal using NCID credentials & attach this form to your request.***

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**Information requested below is REQUIRED in order to expedite processing.**

<table>
<thead>
<tr>
<th>Requestor Name (mandatory):</th>
<th>Requestor Telephone Number (mandatory):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requestor E-mail (mandatory):</td>
<td>Requestor Fax Number:</td>
</tr>
<tr>
<td>Name (Requested for):</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>25-digit Account/Department Code for Billing: (mandatory):</td>
<td>Bill To Telephone Number (mandatory):</td>
</tr>
<tr>
<td>Floor (Location):</td>
<td>Room (Location):</td>
</tr>
<tr>
<td>Federal ID:</td>
<td>Department Name:</td>
</tr>
<tr>
<td>Division:</td>
<td></td>
</tr>
<tr>
<td>Street Address: (Work Location):</td>
<td>City / Town:</td>
</tr>
<tr>
<td>Old Street Address (Only for a move):</td>
<td>City / Town:</td>
</tr>
<tr>
<td>Site Contact Name (mandatory):</td>
<td>Site Contact Telephone Number (mandatory):</td>
</tr>
<tr>
<td>Site Contact Name (mandatory):</td>
<td>Site Contact Telephone Number (mandatory):</td>
</tr>
<tr>
<td>Site Contact E-mail:</td>
<td>Site Contact Fax Number:</td>
</tr>
<tr>
<td>Room Number:</td>
<td></td>
</tr>
</tbody>
</table>

#### Type of Service:

- **Move**
- **Add**
- **Change**
- **Disconnect**
- **Inside wiring required**

- **Auth Code**
- **International Long Distance**
- **Toll Free (1-800)**
- **Integrated Voice Messaging Service (IVMS) [see page 2 for provisioning details]**

- **Auto Attendant**

- **Other________**

- **Single Line set**
- **Avaya**
- **Nortel/Meridian**
- **Integrated Voice Messaging Service (IVMS) [see page 2 for provisioning details]**

- **Toshiba**
- **Meridian Meridian**

- **Other________**

- **Centrex**
- **Key System**
- **PBX**
- **ITS EIPT**

- **ITS Mngd PBX**
- **ITS IVR/Call Ctr**

- **Other________**

- **Modem Line**
- **Voice Line**

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**Describe the Service Request. Attach an addendum if required. Use only 1 installation site address per TO-5.**

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**Budget Officer’s Signature (mandatory):**

<table>
<thead>
<tr>
<th>SOF</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

This TO-5 Form supersedes all other versions.  
TO-5 Version August 2021 1
Integrated Voice Messaging Service (IVMS)

The Integrated Voice Messaging Service provides users with an assortment of voice mail tools in one solution that enhances communications and productivity.

General IVMS Information

IVMS Mailbox User Name:

IVMS Mailbox “0” Out Number (if applicable): - -

Service Offering Options

Choose which service offering you prefer;

Basic

☐ Basic without Integrated Fax
☐ Basic with Integrated Fax, please provide e-mail address for fax delivery.

Advanced

☐ Advanced

Check all that apply;

☐ Integrated Fax, please provide e-mail address for fax delivery.

☐ Reach Me

List up to three numbers to be where you can be “reached”.

1st - - -
2nd - - -
3rd - - -

☐ Notify Me

Where would you like to be “notified” you have a voice mail?

E-mail address:

Text Message: - -

Pager: - -

A phone call to: - -

Custom

For custom service offering design please call 919-754-6000 and one of our analysts will be glad to assist you.