

Tel-J Communications Ltd.

Service Request Form

Type of A/S _____	Jack Number _____
Office Hours _____	On Service _____
Lunch Break _____	SaskTel Rep _____
Office Number _____	Date & Time Cld in _____
Fax Number _____	Ring Code _____
Ring Thru Number _____	Type of Call Forward _____

Answering Phrase _____

Name of Business _____

Mailing Address _____ Postal Code _____ Give Out Y / N

Physical Address _____ Postal Code _____ Give Out Y / N

Accept Collect Calls Y / N _____ From Whom _____

Type of Business _____

Manager/Owner _____ Home # _____ Give Out Y / N

_____ Home # _____ Give Out Y / N

Personnel _____ Home # _____ Give Out Y / N

_____ Home # _____ Give Out Y / N

_____ Home # _____ Give Out Y / N

_____ Home # _____ Give Out Y / N

Pertinent Info _____

Take Name & # _____ Take Address _____

Take Regarding _____

Page All Messages _____ Pager #(s) _____

Message Confirm? _____

Signature _____ Date _____

FOR OFFICE USE ONLY	Call Forward Check Y / N _____	By: _____
	Programming Y / N _____	By: _____
10 Days Follow Up	Date _____	Notes _____