



# Mobile Electronic Communication Request

Date: \_\_\_\_\_

Department of Public Safety -  Adult Correction & Juvenile Justice  Public Safety

Please answer all questions below to expedite processing of this order. Please print or type.

Requester/Contact Name: \_\_\_\_\_

Requester/Contact Telephone Number: \_\_\_\_\_

Requester/Contact E-mail: \_\_\_\_\_

Requester/Contact Fax Number: \_\_\_\_\_

16 Digit Department Code: \_\_\_\_\_

Department Name: \_\_\_\_\_

Division: \_\_\_\_\_

**Department of Public Safety**

Street Address: (Physical Location): \_\_\_\_\_

City / Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Type of Service:

New  Upgrade  Reassignment/Dept. Code  Cancel/Suspend  Warranty  Accessories  Lost / Stolen\*\*(see below)

Vendor of Choice:

US Cellular  Verizon Wireless  Sprint/Nextel

Employee Name/Classification/BEACON Position #	Mobile Communication Type	Cellular Number (Assigned New)	Cellular Number (Existing)

Cellular Accessory Orders (Description)	Quantity	Cellular Number
1		
2		
3		

### List All Incurred Cost For Upgrade Or New Service

***\*Mandatory Monthly Rate Plan Cost Must Be Included on Form\****

Item	Unit Cost	Qty	Total Cost
<b>Rate Plan + Optional Features = Total Cost</b>			

DPS Division Head Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Date received in Purchasing: \_\_\_\_\_ Approved / Disapproved by: \_\_\_\_\_

**Departmental Purchasing & Logistics**

Justification: (\*\*If this is a replacement for a lost or stolen phone, describe circumstances of loss.)

**\*\*Required\*\***

DPS Budget Officer's Signature: \_\_\_\_\_ SOF

(if cost is incurred)

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_