

**HMC TELECOMMUNICATION SERVICES
VOICE MAIL REQUEST FORM**



**Return to: Telecom. Services Box 359707
or FAX 731-2101**

Date _____

Contact Person: _____ **Contact Phone** _____

Department _____ **Mailstop** _____

Budget Number _____ **Required Date** _____

For each phone requiring voice mail please list the phone number and name of the person it is assign to

Extension	Last Name	First Name	Building & Room Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

There is a \$10.00 installation fee and \$5.00 per month fee for each box.

AUTHORIZED SIGNATURE _____