Print Form

CIS Customer Service Request	Date Request Submitted:
Billeting Account Code: _____ Billeting Account Number: _____	Name of Customer: _____ Point of Contact: _____ Telephone Number: _____

VIA:		From: (unit and organization)
G-6 Tracking Number: _____		
To:	AC/S CIS MCB CAMP PENDLETON CA 92055	
Data/NOC ☐ EMB ☐ TEL ☐ PLANS ☐		Date Service is Requested:

Special Requests, Work Details, Directory Information

(Diagrams are REQUIRED for all Installs, Relocations, Activations and Site Surveys.)

☐ Install _____ main line(s) in bldg _____ NCOS _____

☐ Change Location(s) _____ from room: _____ to room: _____

☐ From/To(s) _____ from bldg: _____ to bldg: _____

☐ Suspend/Unsuspended/Remove phone # (s) _____

☐ Change class of service: _____ Phone Number: _____

☐ Add/Delete option: _____ Phone Number: _____

☐ Reset Voicemail: _____

☐ P.A. System/Sound Equipment at bldg _____ On this date _____ around this time _____

☐ Change Directory listing _____

Justification: Please supply Electronic Excel sheet for more then 5 items.

Use another piece of paper for more than one directory listing or for D/L changes

Present location of Equipment (Bldg & Rm#)	Telephone Number	Complete Present Directory Listing (Title of Phone)
Proposed location of Equipment (Bldg & Rm#)	Telephone Number (for relocates)	Complete Proposed Directory Listing (Title of Phone)

CISC/G-6 (PRINT)	_____
CISC/G-6 (SIGN)	_____
Date	

*****FOR CSR CLERK USE ONLY*****

Date Received: CISCSR Number: _____