

SUNY NEW PALTZ
Telecommunications
HAB 35 (X3001)

REQUEST FOR SECOND VOICE LINE

Date: _____ SS# _____

Name: _____

Building: _____ Room: _____ Phone# _____

Request second line for Voice use - \$16.00/month

This line comes with an individual phone number, voice mail, incoming and outgoing call capacity.

Signature: _____

Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Completed by: _____

Date: _____

Contacted by:

Voicemail: _____

Charged: _____

Roommate: _____

Amount: _____

In Person: _____

Initial: _____

PLEASE MAKE SURE THAT YOU DROP THIS OFF IN THE OFFICE OF
TELECOMMUNICATIONS LOCATED IN HAB35 OR IN THE DROP BOX
LOCATED OUTSIDE OF HAB 40. THANK YOU.