

**OFFICE OF INFORMATION TECHNOLOGY REQUEST FOR
ONSITE CONSTRUCTION/TEMPORARY TELEPHONE AND
DATA SERVICES (APPENDIX G)**

Project Name: _____

Project Number: _____

The project contractor shall complete this form

Contractor Information

Company Name: _____

Mailing Address: _____

Billing Contact Person: _____

Billing Phone: _____ Billing Email: _____

Service Location Information

On-Site Contact Person: _____

Phone: _____ Email: _____

Service Building Number/Name: _____

Room Number (if applicable): _____

Trailer Location (if applicable): _____

Attachment Site Logistics Plan

Quantity and Type of Service

Phone: _____ Fax: _____

Data: _____

Requested Date of Installation (please allow two weeks for delivery): _____

Email this form to: Office of Information Technology -
Networking and Telecommunications
NTSprojects@umn.edu