

## RADFORD UNIVERSITY PAGER SERVICE REQUEST

**PERSON TO CONTACT:**

**BILL TO:**

Name \_\_\_\_\_

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

P.O. Box \_\_\_\_\_ Office Telephone \_\_\_\_\_

Budget Code: \_\_\_\_\_

Email \_\_\_\_\_

Building: \_\_\_\_\_ Room No. \_\_\_\_\_

Pager will be assigned to: \_\_\_\_\_  
(Name)

Date Service Desired \_\_\_\_\_

**PLEASE NOTE:** If all necessary information is not provided, the order will be returned and the processing of your request will be delayed. This form must include all requested signatures.

√ Select Pager Service	Type of Pager	Coverage Area	Cost
	<b>Digital:</b>	<b>Nation Wide</b>	<b>\$19.12</b>
		<b>State Wide</b>	<b>\$8.18</b>
		<b>Local</b>	<b>\$3.18</b>
	<b>Alphanumeric</b>	<b>Nation Wide</b>	<b>\$29.70</b>
		<b>State Wide</b>	<b>\$12.88</b>
		<b>Local</b>	<b>\$8.18</b>
	<b>Replacement Cost: Loss or Stolen</b>	<b>Digital</b>	<b>\$29.41</b>
		<b>Alphanumeric</b>	<b>\$58.82</b>

NOTE: Individual accounts will be based on a "month-to-month" contract (60 days minimum). Service may be cancelled upon 30-day notice. Any equipment provided will be returned to Telephone Services. Prices are subject to change.

**SERVICE REQUESTED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**DEPARTMENT HEAD** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**DEAN/DIRECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

Contact for assistance: Telecommunications and Bill Services  
 Phone: 6600 or 5002  
 Email: [m-powers@radford.edu](mailto:m-powers@radford.edu) OR  
[bmooock@radford.edu](mailto:bmooock@radford.edu)

Mail completed and signed form to: Telecommunications and Bill Services

**Box 6887 OR**

Fax completed and signed form to: 6120