RADFORD UNIVERSITY
PAGER SERVICE REQUEST

PERSON TO CONTACT:

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.

<table>
<thead>
<tr>
<th>√ Select Pager Service</th>
<th>Type of Pager</th>
<th>Coverage Area</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital:</td>
<td></td>
<td>Nation Wide</td>
<td>$19.12</td>
</tr>
<tr>
<td>State Wide</td>
<td></td>
<td>$8.18</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>$3.18</td>
<td></td>
</tr>
<tr>
<td>Alphanumeric</td>
<td></td>
<td>Nation Wide</td>
<td>$29.70</td>
</tr>
<tr>
<td>State Wide</td>
<td></td>
<td>$12.88</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>$8.18</td>
<td></td>
</tr>
<tr>
<td>Replacement Cost: Loss or Stolen</td>
<td></td>
<td>Digital</td>
<td>$29.41</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alphanumeric</td>
<td>$58.82</td>
</tr>
</tbody>
</table>

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: Telephone Services
Phone: 6600 or 5002
Email: m-powers@radford.edu OR bmoock@radford.edu

Mail completed and signed form to: Telephone Services
Box 6887

Fax completed and signed form to: 6120