



City of Stamford
 888 Washington Blvd
 Stamford, CT 06901
 OPM Department

Date

Request for Service Form

Requested By:

Recipient:

Name

Name

Program/Activity

Program/Activity

Phone Number

Job Title

Select Choice (Must Select One):

New Service Verizon Cost Center

Change in Service Verizon Cost Center Cell Phone Number

Switch User Verizon Cost Center Cell Phone Number

Previous User's Name

Detailed Justification:

Select Price Plan (Must Select One)

Option 1: \$19.98/month PTT SHARE (Flip Phones Direct Connect Only)(base rate only)

Option 2: \$24.88/month NATIONWIDE BASIC SHAREPLAN (Flip Phones) (base rate only)

Option 3: \$39.99/month NATIONWIDE EMAIL & DATA (Smartphones)(base rate only)

Option 4: \$39.99/month NATIONWIDE EMAIL & DATA (IPAD)(base rate only)

Option 5: Other _____

Note: All costs will be billed to the appropriate cellphone/cost center.

Budget Available?* Choose One

Name (Please Type) Signature

Date

Department Head

Department Director

OPM Director/Asst Director

Interim Dir of Admin

Sandra L Dennies

Mayor

David R Martin

**Proof of funds required to process request*