

COMMUNICATIONS SERVICE REQUEST		1. TCO CONTROL NO (Optional)
2. TO: 375 CS/SCMP	3. FROM:	
4. NEW ADDRESS (BLDG NO., ROOM, FLOOR)	5. NAME, LOCATION, AND TELEPHONE NO. OF PERSON TO CONTACT	
6. EXISTING ADDRESS (BLDG. NO., ROOM, FLOOR)	7. DIRECTORY LISTING	
8. DESCRIPTION OF WORK/SERVICE REQUESTED		
9. JUSTIFICATION		
10. REQUESTING OFFICIAL (TYPE OR PRINT - NAME, GRADE, TITLE)	11. REQUESTING OFFICIAL SIGNATURE	12. DATE
13. TELEPHONE CONTROL OFFICER (TYPE OR PRINT - NAME, GRADE)	14. TCO SIGNATURE	15. DATE
FOR USE BY BASE COMMUNICATIONS OFFICIALS		
16. CONTROL NO.		17. DATE
18. REMARKS		
19. AUTHORIZING OFFICIAL		20. DATE

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

GUIDANCE FOR COMPLETING SAFB FORM 75, COMMUNICATIONS SERVICE REQUEST

TCO CONTROL NO.: An optional control number assigned by the submitting organization's telephone control officer (TCO).

TO: 375 CS/SCMP

FROM: Requesting agency's unit and office symbol.

NEW ADDRESS (BLDG NO., ROOM, FLOOR) Identify new location for relocation of existing equipment, or location for new services to be installed. If not applicable, mark n/a or leave blank.

NAME, LOCATION, AND TELEPHONE NO., OF PERSON TO CONTACT: Identify individual who is knowledgeable of location and type of service required, and will be available to work with the telephone surveyor and, if needed, the telephone installers.

EXISTING ADDRESS (BLDG NO., ROOM, FLOOR): Identify existing location of equipment or services affected by this service request, or the current location of equipment or services to be relocated, or disconnected. If a new installation, mark n/a or leave blank.

DIRECTORY LISTING: Show directory listing as it should appear in the base telephone book. Service and support agencies may desire to provide additional common, more recognizable function names, for the alphabetical classified listing.

DESCRIPTION OF WORK/SERVICE REQUESTED: State clearly what service is needed. Equipment and instruments needed to satisfy your request will be determined by telephone personnel, for conventional administrative telephone service. Equipment for other than conventional telephone service must be furnished by the requesting unit, such as STU-IIIs and telefax machines. For existing services to be modified or relocated, identify telephone or circuit numbers affected. Attaching a floor plan drawing, depicting location of services, is highly encouraged.

JUSTIFICATION: Justify the service requested. Large or costly jobs must be strongly justified.

REQUESTING OFFICIAL (TYPE OR PRINT) (NAME, GRADE, TITLE): Self explanatory.

REQUESTING OFFICIAL SIGNATURE: Self explanatory.

TELEPHONE CONTROL OFFICER (TYPE OR PRINT) (NAME, GRADE): Self explanatory.

TELEPHONE CONTROL OFFICER SIGNATURE: Self explanatory.