

**COMMUNICATION SERVICES
(NORSTAR ADD/CHANGE FORM)**

Note: one form per request OR extension. WO# _____

Fax back to Communication Services. FAX: (806) 742-1343
Department Name _____
Contact name _____
Telephone # _____ Fax # _____
Location of service requested _____ Room# _____
Date of Request ____/____/____

Name Change : Yes No on what Extension # _____
*(To display extension # press Feature *O and press intercom button. Press Rls when finished.)*
New Name on Set : 7 characters long Max. : _____

Voice Mail Box: Add Delete Change on Extension/Mailbox # : _____
Full Name on voice mail : Last Name: _____ First Name : _____
Change Password back to Default Yes No
Change/or Record Name in Company Directory Yes
LOCKED NORSTAR VOICE MAIL BOX:
NAME: _____ EXT: _____ ROOM: _____ RESET PSWD AS: **0000**

Call Forward on Busy YES NO if yes to what number or EXT# _____

Call Forward on no Answer YES NO if yes to what number or EXT: _____
If Yes, after how many rings? _____

Change System Speed Dial Add Delete Change
Speed Dial # 01 - 70 _____. Please indicate area code and Telephone number (____)____-_____
Display Name? Yes No If no name is selected the dialed digits will show in display when dialed.
Name : up to 16 characters long : _____
Change Name on Speed dial # _____ To : _____ / Or Display number: _____

Additional Comments:
Please indicate any additional instructions:

OFFICE USE ONLY:
TECHNICIAN'S SIGNATURE: _____
DATE WORKED: _____ TIME WORKED: _____