

**CAYMAN ISLANDS  
GOVERNMENT**



**Office of Telecommunications**

P.O. Box 10002  
Grand Cayman KY1-1001

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**Request for Equipment Programming/Installation/Repair Form**

DATE:

TO: **Office of Telecommunications**

FROM Department/Agency:

Priority Level:     Routine     Urgent     Emergency  
(tick one only)

Location of Equipment:

<u>Equipment:</u>	<u>Model#</u>	<u>Serial#</u>
_____	_____	_____

Details of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized by:

\_\_\_\_\_  
Head of Department

Oftel Use Only:

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