

CITY OF CORAL GABLES
CELL PHONE REQUEST FORM

DEPARTMENT: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

DATE: _____

REQUEST

(PLEASE CHECK AS APPROPRIATE)

Employee Name: _____

Position/Title: _____

New basic Flip Phone

New Smartphone (iPhone, Samsung Galaxy)*

Comments

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APPROVAL:

Department Director Name (Please print)

Department Director Signature Date

****Cases and other accessories are NOT provided by IT.**

****As of 12/16/15 per the City Manager's Office and Human Resources, Personal number port-in/outs are no longer allowed.**

****Phone replacements due to damages, or lost or stolen devices is the responsibility of each individual department. Replacement cost for phones will be at full price ranging up to \$650.00**

FOR IT USE ONLY

Service Request No.: _____

Make: _____

Model: _____

Type of Phone

Smartphone

Standard

ESN

IMEI

SIM

IT Tech Assigned Date

DEPLOYMENT

Date Time

Employee Receipt Signature