Agency:enter text. Division: enter text. Optional Agency Order #: enter text.

Account Number: enter text.

Wireless Number: enter text.

Change(s) Requested:

User Name (old): enter text. User Name (new): enter text.

Account number (old): enter text. Account number (new) enter text.

Voice Plan (old): enter text. Voice Plan (new): enter text.

Data Plan (old): enter text. Data Plan (new): enter text.

Text Messaging Plan (old): enter text. Text Messaging Plan (new): enter text.

Deactivation: [ ]  Reason for deactivation: enter text.

Other (explain in detail): enter text.

Effective Date: enter text.

Comments: enter text.

Form submitted by authorized representative:

Name: enter text.

Contact Telephone Number: enter text.

Date: enter text.

Email this form to: Julie.pfaffle@verizonwireless.com w/SOW – (Agency Name) in the subject line

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR VENDOR USE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Request processed by: Date:

Effective date:

Comments:

**VENDOR: Return a copy of this form w/the equipment, along with instructions for activation of the equipment.**