



TELECOMMUNICATION SERVICES

Customer Service Department

“TUG” REPRESENTATIVE

CHANGE FORM

Please replace the current “TUG” Representative for our department

Department Name: _____ Date: _____

Current “TUG” Rep’s Name: _____

Email address: _____

“TUG” signature or authorized department signature: _____

Effective Date of Change: _____

New “TUG” Representative Information

Full Name: _____

Room Number: _____

Building: _____

Phone Number: _____

Fax Number: _____

Email address: _____

Please fax this form to Customer Service at 545-4656

Thank you