

DEPLOYABLE REQUEST FORM – FIELD SHEET - FILLABLE

CUSTOMER INFORMATION

AGENCY NAME AGENCY FAN*

AGENCY CITY/COUNTY* AGENCY STATE* REQUESTOR PIN

IS THE REQUESTOR A SUBSCRIBER PAID USER? YES NO

PHONE NUMBER OF AGENCY USER DEVICE

SUBMITTER INFORMATION

IS SUBMITTER AN AT&T EMPLOYEE?* YES NO

PRIMARY CONTACT ATTUID* PRIMARY CONTACT NAME*

PRIMARY CONTACT PHONE* EMAIL

SECONDARY CONTACT ATTUID* SECONDARY CONTACT NAME*

SECONDARY CONTACT PHONE* EMAIL

PROBLEM DETAILS

PROBLEM/NEED DESCRIPTION*

NETWORK EXPERIENCE

PROBLEM IDENTIFIED FROM A DEVICE ON SCENE? YES NO

FIRSTNET LIAISON INFORMATION (IF KNOWN)

FIRSTNET LIAISON ATTUID FIRSTNET LIAISON NAME

FIRSTNET LIAISON PHONE

RESPONSE DETAILS

ASSET ON SITE DATE* TIME ASAP? YES SITE AVAILABLE FOR SET UP DATE

ASSET TURN UP DATE TIME ASSET TURN DOWN DATE

