



DEFENSE

TELECOMMUNICATIONS SERVICE WASHINGTON



DTS-W PROJECT REQUEST FORM

Please complete this form and return it to the DTS-W Customer Care Center by e-mail or fax to dtswcarecenter@hqda.army.mil or (703) 693-7331 to request assistance with an upcoming project.

DATE: _____

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT E-MAIL: _____

CONTACT POSITION: _____

BAC: _____ LG: _____

AGENCY: _____

ADDRESS: _____

(STREET ADDRESS)

(ROOM NUMBER)

(CITY, STATE, ZIP CODE)

- TYPE OF REQUEST:
LARGE MOVE
PBX (order, install, other)
DSN
LINE INSTALL
PRODUCT CONTRACT OVERSIGHT
MARKET ANALYSIS
FEASIBILITY STUDY
OTHER Specify Need: _____

REQUESTED SERVICE DATE: _____

REMARKS: _____