

# TELEPHONE SERVICE REQUEST FORM



**Please check the services requested:**

Local and Long Distance		Rate per Month
Local Telephone Service (incl. \$0.05 per min., anytime, anywhere in the world)	<input type="checkbox"/>	\$29.95
Call Display	<input type="checkbox"/>	\$3.00
Voicemail	<input type="checkbox"/>	\$4.00
Voicemail and Call Display Bundle	<input type="checkbox"/>	\$6.00
411 & White Pages Listing	<input type="checkbox"/>	\$1.85
Installation Charges		
New Resident Activation Charge (Remote / On-Site*)		\$55.00 / \$75.00

\* Applicable taxes apply on all amounts above, decisions on remote or on-site activation charge will be determined by a Tavasys Technician

**Sign up for Pre-Authorized Payment Plan, and receive a**

**\$12 rebate\***

**towards your first invoice from Tavasys.**

**For PAP rebate program please fill out the attached required form.**

**Thank you for choosing TAVASYS TELECOM INC. as your service provider. Please fill in the following information and hand this form in at the front desk or contact Tavasys Client Support Center:**

**Toll Free: 1-866-508-6865      Toll Free Fax: 1-866-860-6209**

**Email: [clientsupport@tavasys.com](mailto:clientsupport@tavasys.com)**

Name of Resident: \_\_\_\_\_ Suite Number: \_\_\_\_\_

Residence Name: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Province: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Billing Telephone Number (if different then residents): \_\_\_\_\_

**REQUESTED SERVICE ACTIVATION DATE:** \_\_\_\_\_

*You agree that it is your responsibility, and not the staff at the facility, to disconnect all services and return all rented equipment provided by Tavasys when moving out. You are responsible for all charges relating to the above services until such date of disconnection. Tavasys is responsible to provide working dial tone to the telephone jack in the suite. You agree to pay minimum service charges for repairs requested by you for equipment not rented or supplied by Tavasys including the residents own telephone. You will be notified by a customer service representative at the time of dispatch of all related service charges.*

**Name (please print):** \_\_\_\_\_ **If POA, please state relation:** \_\_\_\_\_

**Resident/POA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_