

**College of Southern Nevada
Request for Fax Machine/Fax Line Installation**

Name: _____ Title: _____

Department: _____ Supervisor: _____

Campus: _____ Room #: _____ Mail Sort Code: _____

Telephone #: _____ E-Mail Address: _____

Is there currently a fax machine in your office area? Yes No

What area/room # will the fax machine be installed? _____.

Justification for fax machine or fax line installation: _____

By signing below, I acknowledge that I have read and agree to the following:

*The employee must get approval for the fax line prior to purchasing equipment. **There is no guarantee that the equipment purchased i.e.an all-in-one machine (printer/fax/copier/scanner) will automatically be assigned a fax line. Justification should be clearly defined above.***

*Furthermore, if the employee is approved for a fax line, the employee will be held **financially responsible** for all **personal fax calls** made using the college-assigned long distance code. Employees are **required to reimburse** the college for any **personal long distance faxes**.*

*Employee Signature

Date

Supervisor or Dept Chair Signature

Printed Name

Date

Dept Dean, Associate VP or VP Signature

Printed Name

Date

After obtaining proper approval, please forward this form to Telecommunications at C2D.