

CITY OF CORAL GABLES
CELLULAR RETURN FORM

DEPARTMENT: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

DATE: _____

REQUEST
(PLEASE CHECK AS APPROPRIATE)

Employee Name: _____

Employee Phone #: _____

- Return Phone
- Return wireless Air card
- Remove Air Watch License

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APPROVAL:

Department Director Name (Please print)

Department Director Signature Date

FOR IT USE ONLY

Service Request No.: _____
Make: _____
Model: _____
Type of Phone
 Smartphone *Standard*
Other Service
 WAN Card

Phone # _____

IMEI _____

SIM _____

IT Tech Assigned _____

Date _____

RETURN

Employee Signature
