

SMARTLINK HPBX REQUIREMENTS

New Line Update Existing Line

Business Name: _____

Phone DID (if known): _____

Phone Extension: _____

Phone Department: _____

User Name: _____

User Email: _____

Desk Phone: YES NO Model (if known): _____

MaxUC Mobile: YES NO MaxUC Desktop: YES NO

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Dispatchable Location*: _____

**Best description of where the physical phone is located should a First Responder ask personnel on location. Mobile Nomadic Device, Room Number, Office Description, etc.? Can NOT contain User Name. (required by section 506 RAY BAUM'S ACT)*

Does this user need Business Group Administrator Privileges? YES NO

Does this user need voicemail activated? YES NO

Does this user need to be added to any hunt groups? YES NO

Name of Hunt Group (if answer to previous question is yes): _____

Other Notes: _____

By completing this form, I am acknowledging that I am an authorized user of this Business Account and acknowledge receipt and acceptance of the Customer Notice of 911 and E911 Service Limitations located at help.norvado.com/portal/en/kb/articles/smartlink-pbx-e911-service-limitations.

Name: _____

Date: _____