

**R&R Telecommunications & Business Center, Inc.**  
**Office # 800-983-2062 \* Fax # 800-983-2063**

**New Account/Customer Change Form**

**Account # Assigned:** \_\_\_\_\_ **Call Forwarding #:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Office # :** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Back Line #** \_\_\_\_\_

**Contact Person/Person Responsible for Account:** \_\_\_\_\_

**Answer Phrase:** \_\_\_\_\_

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**Tell us how you want your phones to be answered**

**List Below Employee Information & Emergency Contacts**

<b>Employee Name</b>	<b>Job Title</b>	<b>Pager #</b>	<b>Mobile #</b>	<b>Home #</b>

1. Do you have Alpha Pager or Numeric Pagers: \_\_\_\_\_

Alpha Pagers: (Need Information to set up for text messages)

- Name of Pager Company: \_\_\_\_\_
- Pager Company Phone #: \_\_\_\_\_
- Modem Number of Pager: \_\_\_\_\_

2. Do you have Call-Forwarding on your Office phones? \_\_\_\_\_  
Call your local phone service provider; we cannot forward your phone lines.

3. What do you consider an emergency? \_\_\_\_\_

\*\* See Emergency Checklist Below \*\*

4. What steps should we take in case of an emergency: \_\_\_\_\_

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### Emergency Checklist

Please check off below emergencies; so we can dispatch your calls promptly.

**Physicians:**

- |  |  |
|--|--|
| <input type="checkbox"/> Page Dr if Patient Requests   | <input type="checkbox"/> Body Aches & Pains                  |
| <input type="checkbox"/> Prescriptions after hours   | <input type="checkbox"/> Abnormal Bleeding                   |
| <input type="checkbox"/> Labor   | <input type="checkbox"/> Broken limbs or bones               |
| <input type="checkbox"/> Heart Problems  | <input type="checkbox"/> Allergic Reactions to Med's, etc... |
| <input type="checkbox"/> Seizures  | <input type="checkbox"/> Shortness of Breath                 |
| <input type="checkbox"/> High Blood Pressure   | <input type="checkbox"/> Page Dr for other Dr's or hospital  |
| <input type="checkbox"/> If emergency; go ahead send patient to Emergency Room; Don't page Dr. |  |

**Specify Other Emergency's:**

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**Apartment Complex & Communities:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cable Outages          | <input type="checkbox"/> No hot water        | <input type="checkbox"/> No cold water      |
| <input type="checkbox"/> Lockout's              | <input type="checkbox"/> Towing              | <input type="checkbox"/> Washers & Dryers   |
| <input type="checkbox"/> Gate Problems          | <input type="checkbox"/> Ceiling Leaks       | <input type="checkbox"/> Dishwashers        |
| <input type="checkbox"/> Fire                   | <input type="checkbox"/> Laundry Room        | <input type="checkbox"/> Break-ins          |
| <input type="checkbox"/> Floods                 | <input type="checkbox"/> Broken Window       | <input type="checkbox"/> Telephone          |
| <input type="checkbox"/> Refrigerator Outages   | <input type="checkbox"/> Tenant Disturbances |   |
| <input type="checkbox"/> A/C or Heater Problems | <input type="checkbox"/> Garbage Disposals   | <input type="checkbox"/> Broken Locks/Knobs |
| <input type="checkbox"/> Toilet Overflowing     | <input type="checkbox"/> Request Wet Vacs    | <input type="checkbox"/> Stopped up Sinks   |
| <input type="checkbox"/> Security               | <input type="checkbox"/> Parking Problems    | <input type="checkbox"/> Open Swimming Pool |
| <input type="checkbox"/> No Lights              | <input type="checkbox"/> Problem w/Pets      | <input type="checkbox"/> Fights on premises |

Name of Towing Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Security/Courtesy Patrol: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Specify Other Emergency or Paging Procedures:**

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