Spok’s Professional Services Request procedures are outlined on the following page. Once the completed Professional Services Request form is submitted you will receive an acknowledgement from a project lead.

***Please note: request forms are accepted only via email at*** [***servicerequest@spok.com***](mailto:servicerequest@spok.com)

**Professional Services Request Procedures:**

* Please fill out all of the required information on the form. Be sure to include a detailed description of your request as this will help expedite the process.
* After completing this form please email it to [servicerequest@spok.com](mailto:servicerequest@spok.com)
* The form will be processed and reviewed by a project lead. Upon review, they may ask for more information regarding your request either via email or a conference call.
* If no further information is needed for your request, the request will be assigned to the appropriate person and/or department for an estimate.
* You will receive a complete estimate and/or a statement of work which will be valid for 90 days.
* Upon approval, please email or fax the signed Order Form Agreement to Spok.
* ***Please allow for at least 2 weeks for Spok to process and launch the signed order form upon receipt before work can begin.***
  + Fax: 952-230-5510 or email: [accountmanagers@spok.com](mailto:accountmanagers@spok.com)

# Professional Services Request Form

**Please complete the section below and return the form to:** [**servicerequest@spok.com**](mailto:servicerequest@spok.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date (MM/DD/YYYY):** | | | | |  | | | **Customer Number:** | | | |  | |
| **Company Name:** | | | |  | | | | | | | | | | |
| **City:** |  | | | | | | | | **State:** |  | **Zip:** | |  | |
| **Contact Name:** | | |  | | | | | | | | | | | |
| **Email Address:** | |  | | | | | | | | | | | | |
| **Telephone Number:** | | | | | |  | | | | | | | | |
| **Spok Salesperson:** | | | | | | |  | | | | | | | |
| **Application(s) Affected:** | | | | | | |  | | | | | | | |
| **Software Version:** | | | | |  | | | | | | | | | |
| **Proposed Service Description and References:**Please include any screenshots or supporting documentation. | | | | | | | | | | | | | | |