Device Approval Form

When completed, scan and send form to mun@mywirelessconcierge.ca . You may also call 1-866-570-0505

|  |  |
| --- | --- |
| Employee Name |  |
| Department |  |
| FOAPAL |  |

|  |  |
| --- | --- |
| Existing Mobile Number |  |
| Contact Number (if not same) |  |
| Email Address |  |

Type of Device Change(new or upgrade)

|  |  |
| --- | --- |
| Type of device |  |
| Device Model |  |
| Storage Size (if applicable) |  |
| Color (if applicable) |  |
| Accept/Decline Apple Care |  |
| Accessories to be included |  |
| Agree to mobile device policy |  |

|  |  |
| --- | --- |
| Location to be shipped |  |
| Address |  |
| Address additional info(Room #) |  |
| City and Province |  |
| Postal Code |  |
| Attention? (User or admin) |  |

|  |  |
| --- | --- |
| Employee Name |  |
| Date |  |

|  |  |
| --- | --- |
| Manager Approval |  |
| Date |  |

\*\*\*\*If color or size are not selected - we assume lowest size and first available color.