

# CABLEVISION SERVICES

## WORK ORDER

WO#: \_\_\_\_\_

### CUSTOMER INFORMATION

Account No:

\_\_\_\_\_

Customer Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

### ORDER INFORMATION

Order Date:

\_\_\_\_\_

Schedule Date:

\_\_\_\_\_

Time Window:

\_\_\_\_\_

Technician ID:

\_\_\_\_\_

### SERVICES & PACKAGES TO INSTALL

- ☐ Basic Cable TV
- ☐ Digital Starter
- ☐ Preferred Pack
- ☐ Premium Channels
- ☐ High-Definition (HD)
- ☐ DVR Service
- ☐ High-Speed Internet
- ☐ VoIP Phone
- ☐ Multi-Room Link

### EQUIPMENT CONFIGURATION

| Device Type                  | Serial Number / MAC Address | Outlet Location | Status            |
|------------------------------|-----------------------------|-----------------|-------------------|
| Receiver / Box 1             |                             |                 | [ ] New [ ] Exist |
| Receiver / Box 2             |                             |                 | [ ] New [ ] Exist |
| Receiver / Box 3             |                             |                 | [ ] New [ ] Exist |
| Cable Modem / Gateway        |                             |                 | [ ] New [ ] Exist |
| Remote Control(s) Qty: _____ |                             |                 | [ ] New [ ] Exist |

### INSTALLATION CHECKLIST

- ☐ Grounding tested and verified
- ☐ Signal strength check at drop line
- ☐ Splitters installed/replaced
- ☐ All outlets tested and verified
- ☐ Set-top boxes activated and updated
- ☐ Remote controls programmed to TV
- ☐ Customer educated on UI and operations

**TECHNICIAN NOTES / REMARKS**

Customer Signature

I acknowledge satisfactory installation and activation of services.

Technician Signature & Date

Verification of work completed.