



**TECH SERVICE TODAY LLC**  
 Service: 1-800-973-2022 option 1  
 www.techservicetoday.com

**SERVICE ORDER**

Incident #: 513467

**Client:** United Rentals Aerial Equip (Covington, GA)

**Address:**

10966 Alcovy Rd  
 Covington, GA 30014-6409

**Schedule Date:** 05/19/2026 **Time:** 10:30 AM

**Must Bring Items:** 6' Ladder, Cat5/6, Jacks, Faceplates, Tester/Toner, Punch Tools, Laptop, Label Maker, Labels, Hand Tools

**Must Bring Documents:**

Technician ID

**\*\*PHOTOS are required on ALL JOBS (to be submitted at Check Out)\*\***

TST recommends capturing installed and/or removed equipment, cable pathways, terminations and/or labels, possible safety issues, test pages, failed hardware components AND part numbers, and anything else that may be useful for work validation or future reference.

Use Form if Provided OR email [Photos@techservicetoday.com](mailto:Photos@techservicetoday.com)

**On-site Procedure:**

<b>Represent:</b> TST	<b># of Techs:</b> 1	<b>Hour Cap:</b> Do not exceed NA hour(s) without TST approval
<b>Notes:</b> On Arrival and Check-Out (2 calls): #1: Call TST (315-272-4880) - you are working TST 513467. #2: Call UnitedRentals Tech Contact David Sheridan (704) 266-4732- you are working Site 873. Any questions, call TST immediately at 315-272-4880.		

**Problem Notes:**

<p><b>Job Description:</b> Office Needs A Data Drop</p> <p><b>Technician Reminder:</b> Speak with TC prior to starting work and before leaving site to verify your work. Also, meet with the onsite manager before starting work. Send/Upload all deliverables to TST prior to leaving the site.</p>	<p><b>Problem Notes:</b> User is setting up an office in an old storage area and needs the current data port in the office activated and a secondary data port installed for his printer. The office that needs the data drop is about 60 ft away from the network equipment.</p> <p>Lawson #:0001-0873</p>
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**Client Acknowledgement Section:**

<b>Technician Name:</b> _____	<b>Date:</b> _____	<b>Time In:</b> _____	<b>Time Out:</b> _____
<b>Client Name:</b> _____	<b>Signature:</b> _____		



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## Site Visit Information:

**Primary Skill Area:** Cabling

**Service Type:** Installation

Complete Applicable Section(s)	Comments	Photo # (send to TST)
<b>Hardware Install/Repair</b>		
Make/model serviced	_____	_____
Serial Number(s)	_____	_____
Location of unit(s)	_____	_____
Condition of unit(s)	_____	_____
Failed Part Number(s)	_____	_____
Additional Info	_____	_____
<b>Cabling Install/Repair</b>		
Type of Cable	_____	_____
Approx Length	_____	_____
Terminations/port(s)	_____	_____
Cable Path/Environment	_____	_____
Additional Info	_____	_____