

$network Maryland ^{TM} \\$ Service Request Form Instructions (Formerly the WAN Request Form)

| Information | Description | | | | |
|---------------------------------|--|--|--|--|--|
| Agency Name | Name of the Agency or Organization requesting service or changes. | | | | |
| Service Request Number | Number provided by DoIT after the request is received, | | | | |
| Date | Submission date of the request. | | | | |
| Authorizing Agency Contact | Agency Officer authorized to add, change or remove services. | | | | |
| Technical Agency Contact | Agency contact responsible for the implantation of the request. | | | | |
| Service Request Category | Please choose which action you are requesting: add, modify or | | | | |
| | decommission. | | | | |
| Service Type | Please choose the service(s) you are requesting. | | | | |
| Address of Service Requested | For on-net service, please provide the location of the service. | | | | |
| | For off-net service, please provide the locations for both ends the service. | | | | |
| Site Access Information | Please provide the information required to access the site if a visit is | | | | |
| | necessary. Include any special requirements, such as security procedures | | | | |
| | or entrance information. | | | | |
| Circuit Termination Information | Please provide detailed information for the location you would | | | | |
| | like your service(s) terminated and/or extended to. | | | | |
| | Please provide contact information for the site that the work will | | | | |
| | be performed at for Telco and networkMaryland engineers to | | | | |
| | contact during survey and installation. | | | | |

See next page for Sample Form

Sample Form

Please fill out this form to start services or to modify/decommission services. Completed forms should be e-mailed to wanrequest.doit@maryland.gov

| Agency Name: | Service Red | quest # (Provided by DoIT): | Date: | | | | | |
|---|-------------|--------------------------------|---------------|--|--|--|--|--|
| Maryland Agency | | | June 7, 2012 | | | | | |
| Authorizing Agency Contact: | -1. | | | | | | | |
| Jon Doe | | | | | | | | |
| E-mail: Office Phone: | | ne: | Cell Phone: | | | | | |
| jon.doe@agency.gov 555-555-555 | | 5555 | 555-555-5555 | | | | | |
| Technical Agency Contact: | · | | | | | | | |
| Jane Doe | | | | | | | | |
| E-mail: Office Phone | | ne: | Cell Phone: | | | | | |
| jane.doe@agency.gov | 555-555-5 | 5555 | 555-555-5555 | | | | | |
| Service Request Category | | | | | | | | |
| New Service: | ⊠ Mod | ify Existing Service: | Decommission: | | | | | |
| Service Type | | | | | | | | |
| CCI/OMDNI | | VPRN | | | | | | |
| SwGI/OMBN Internet | | Managed CPE | | | | | | |
| Layer 2 Circuit | | VPN | | | | | | |
| Ethernet Everywhere | \boxtimes | Colocation | | | | | | |
| Bundled SwGI/ISP | П | Bandwidth | 200Mbps | | | | | |
| Dundied SwGI/151 | | | 20011000 | | | | | |
| | | Service Requested | (a) | | | | | |
| Loc | cation 1 | ields that are not applicab | Location 2 | | | | | |
| Aganay HO | tation 1 | A ganay DDC | | | | | | |
| Site Name. | | Site Name: | | | | | | |
| Street Address: 123 ABC Str | reet | Street Address: 456 DEF Avenue | | | | | | |
| Room/Suite # | | Room/Suite # 2nd Floor | | | | | | |
| City: Annapolis | | City: Frederick | | | | | | |
| County: Zip code: | | County: Zip code: | | | | | | |
| | 21401 | Frederick | 21701 | | | | | |
| Site Access Information | | | | | | | | |
| (Please use N/A for fields that are not applicable) | | | | | | | | |
| Access Days/Times: M-F, 8am-5pm | | | | | | | | |
| Special Instructions/Requirements for Access: | | | | | | | | |
| N/A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Į. | | | | | | | | |

| Circuit Termination Information | | | | | | | | |
|--|--------|--------------|--------------|--------------|-------------|--|--|--|
| (Please use N/A for fields that are not applicable) | | | | | | | | |
| Room Number: | 203 | | Rack Number: | A-5 | | | | |
| Location of Verizon Demarc (if location is known): | | | | | | | | |
| Basement room 023 | | | | | | | | |
| Proposed Location of Extended T1 Demarc (Location of Networking Equipment): | | | | | | | | |
| Room 203, Rack A-5. Use the open space in the middle of the rack. Local Agency Contact: | | | | | | | | |
| Jack Doe | | | | | | | | |
| E-mail: | | Office Phon | ie: | | Cell Phone: | | | |
| jack.doe@agen | cy.gov | 555-555-5555 | | 555-555-5555 | | | | |
| Building Maintenance Contact: | | | | | | | | |
| N/A | | | | | | | | |
| E-mail: | | Office Phon | e: | | Cell Phone: | | | |