

Information Technology Services  
**Network Connection Request Form**

**Department Information**

Name of requestor	Department			
E-mail Address	Phone	Building	Room	P.O. Box

**Connection Information**

Location of new connection Building                      Room	Number of drops necessary (1 drop is 2 network lines)
Description of placement	

**Billing Information**

Function Number	Purchase Order Number (if applicable)	Deadline (if applicable, urgent only)
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**Important Information, Please READ**

For this data network installation, the vendor will invoice you directly, or they will invoice Networking and Operations, who will pass it on to you. When you receive your invoice, receive it into Banner referencing the proper BL number:

- > Smith Electric:      BL94926323
- > Lakeland Electric:   BL94926323

If you have any questions, please contact Jerry Boyd at x3981.

Standard policy is to run a minimum of two network lines per drop.

***Please clearly mark the desired location of the network drop(s), so that ITS personnel and contractors may be informed.***

Please send completed forms to Information Technology Services (NetOPS), Box 5071, or Clement Hall Room 220.

**Authorization**

Requestor	Date
Chairperson/Director	Date