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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Cabling Service Request**  ***(Formerly TO-4 Structured Cabling Service Request)*** | | | | | | | | | | | | Date: | | | | |
| NC Department of Information Technology  Service Delivery  DIT Home Page Web Address: <https://it.nc.gov/>  DIT Service Desk:(919)-754-6000 or 800-722-3946 | | | | Upload this form to:  <https://ncgov.servicenowservices.com/sp_dit>    \*\*\*Sign into the Service Now Portal using NCID credentials & attach this form to your request. | | | | | | | | | Requested Due Date: | | | | |
| Service Request Number (DIT Use Only): | | | | |
| [Service Description / Service Level Agreement](https://it.nc.gov/services/service-directory/cabling-services/structured-cabling) | | | | | | | | | | | | |
| **Please answer all questions below to expedite processing of this order. Please print or type.** | | | | | | | | | | | | | | | | | |
| **Billing Information:** | | | | | | | | | | | | | | | | | |
| Requester Name: | | | | | | | | Requester Phone: | | | | (     )     -      EXT: | | | | | |
| Requester E-mail: | | | | | | | | Requester Alt. Phone: | | | | (     )     - | | | | | |
| Requested For (If Different Than Above): | | | | | | | | Phone: | | | | (     )     -      EXT: | | | | | |
| 25 Digit Department Code (Required): | | | | | | | | Bill-To Telephone Number (Required):  (     )     - | | | | | | | | | |
| Federal ID: | | Agency / Organization Name: | | | | | | | | Division: | | | | | | | |
| **Site Location Details:** | | | | | | | | | | | | | | | | | |
| Street Address: (Work Location): | | | | | City / Town: | | | | | | | | | Zip Code: | | County | |
| Local Site Contact Name: | | | | | | | | | Local Site Contact Phone: (    )     -      EXT: | | | | | | | | |
| Local Site Contact E-mail: | | | | | | | | | Floor (Location): | | | | | | Room Number: | | |
| Building Leased or Owned (Work Location):  Leased  State Owned  County Owned  City Owned | | | | | | | | | | | | | | | | | |
| Name of Building/Facility Manager (If “Leased”): | | | | | | Building/Facility Manager’s Phone:(    )     -      EXT: | | | | | | | | | | | |
| **Description of Work Requested:** | | | | | | | | | | | | | | | | | |
| Type of Service Requested:  Inside Plant  Outside Plant  Both | | | Site Type:  New Construction  Existing Facility | | | | | | | | | | Quote Required Prior To Work Performed?  Yes No | | | | |
| Describe the Service Request in detail. Attach an addendum if required. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Disclosure Statements:**   1. **It is the responsibility of the using entity to notify contractors of the presence of asbestos containing materials.** 2. **All work performed by NC DIT or NC DIT-authorized contractors is billable to the respective client.** | | | | | | | | | | | | | | | | | |
| Budget Officer’s Signature (Required):  SOF | | | | | | | Date: | | | | Telephone: (     )     - | | | | | |