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|   | **Cabling Service Request*****(Formerly TO-4 Structured Cabling Service Request)*** | Date:  |
| NC Department of Information TechnologyService DeliveryDIT 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.**
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| Budget Officer’s Signature (Required):      SOF [ ]   | Date: | Telephone: (     )     -      |