



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](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](#)

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): <input type="checkbox"/> Leased <input type="checkbox"/> State Owned <input type="checkbox"/> County Owned <input type="checkbox"/> City Owned			
Name of Building/Facility Manager (If "Leased"):	Building/Facility Manager's Phone:() - EXT:		

Description of Work Requested:

Type of Service Requested:	Site Type:	Quote Required Prior To Work Performed?
<input type="checkbox"/> Inside Plant <input type="checkbox"/> Outside Plant <input type="checkbox"/> Both	<input type="checkbox"/> New Construction <input type="checkbox"/> Existing Facility	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	Date:	Telephone: () -
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