

	WAN Service Request Form (STS01)		Date: / /			
	NC Department of Information Technology Service Delivery DIT Home Page Web Address: https://it.nc.gov/ DIT Service Desk: (919)-754-6000; 1-800-722-3946 Upload this completed form to the DIT Service Now Portal: https://ncgov.servicenowservices.com/sp_dit ***Sign into the Service Now Portal using NCID credentials & attach this form to your request.		Billing Location Code (DIT Use):			
	SLA (DIT Use): Individual / Global		NSWAN Site number (DIT Use):			
	Service Description / Service Level Agreement		Service request number (DIT Use):			
Please answer all questions below to expedite processing of this order. Please print or type.						
Requestor Name:		Requestor Daytime Telephone Number: () -				
Requestor E-mail:		Requestor Fax Number: () -				
25-digit Account/Department Code: (billing information) _____	Department Name:		Division:			
Federal ID:	Bill -To Telephone Number: () - (Telephone # to install Broadband service)					
<input type="checkbox"/> New <input type="checkbox"/> Termination <input type="checkbox"/> Change (Specify Upgrade, Relocate or Billing):			*DIT will perform this change during business hours, unless otherwise specified in Remarks/Special Instructions below.			
WAN: 256K <input type="checkbox"/> 1.5M <input type="checkbox"/> 3M <input type="checkbox"/> 6M <input type="checkbox"/> 10M <input type="checkbox"/> 20M <input type="checkbox"/> 50M <input type="checkbox"/> 100M <input type="checkbox"/> 250M <input type="checkbox"/> 500M <input type="checkbox"/> 1G <input type="checkbox"/> 2G <input type="checkbox"/>		L2 DIT MAN: 100M <input type="checkbox"/> 1G <input type="checkbox"/>		<input type="checkbox"/> Broadband		
QoS <input type="checkbox"/>	No. of Devices requiring IP addresses		Location for circuit Demarc :			
Site Name (Project):						
Street Address:		City:	County:	Zip Code:	Room:	Wiring Closet:
Site Contact Name:		Site Contact Fax Number: () -				
Site Contact E-mail:		Site Office Hours:				
Site Contact Telephone Number: () -		Contact Telephone Number: () -				
Site Technical Contact Name:		Site Telephone Number: () -				
Site Technical Contact E-mail:		Site Technical Contact Telephone Number: () -				
<u>Remarks / Special Instructions:</u>						
<u>Customer Information and Responsibilities</u>						
<ul style="list-style-type: none"> • WAN service installation occurs between 90 – 120 days from the date of the FULLY COMPLETED request form. • If information is not completed correctly, then service installation dates will be extended beyond 90 – 120 days. • Please be specific in your description of the Building and Room # (Address of Service Installation) to ensure the data circuit is installed within close proximity of the network equipment rack. • Provided that a signature is on file, customers may upload this form to the DIT Service Portal: https://ncgov.service-now.com/sp_dit • Customer acknowledges they have read and understood the terms and provisions in the Service Level Agreement (SLA) and accepts the terms and conditions as indicated. 						
Fiscal Office/Budget Authorization Signature: _____				<input type="checkbox"/> Signature on File		