

	Wireless LAN (WLAN) Service Request				Date: / /		Page: 1
	Office of Information Technology Services PO Box 17209 Raleigh, North Carolina 27619-7209 Contact the ITS Service Desk: Phone: 919-754-6000 or 1-800-722-3946			eMail Request To: ts.service.request@its.nc.gov FAX: 919-850-2828 Phone: 919-754-6700		Billing Location Code (ITS Use):	
				SLA (ITS Use): Global / Master		NSWAN Site Number (ITS Use):	
	ITS Home Page			Service Level Agreement		Service Request (ITS Use):	
Please answer all questions below to expedite processing of this request. Please print or type.							
Requestor Name:				Requestor Daytime Phone: () -			
Requestor eMail:				Requestor Fax: () -			
Department Code: (billing information)		Agency Name:			Division(s):		
<input type="checkbox"/> New <input type="checkbox"/> Termination <input type="checkbox"/> Additional Coverage Area <input type="checkbox"/> Relocate Office				Business objectives driving WLAN Services:			
Present WLAN Requirements and Usage Projections (i.e. Data, Voice, Video, Applications*, etc.)				Future WLAN Requirements and Usage Projections:			
<input type="checkbox"/> Employee / Contractor <input type="checkbox"/> Guest Access				Total WLAN Data Users supported: Simultaneous WLAN Data Users supported:			
Qty and type of Wireless Devices (i.e. Laptops/ wireless printers, etc.)				Conference Room Access:		<input type="checkbox"/> Are you trying to connect two buildings together	
<input type="checkbox"/> Single Building <input type="checkbox"/> Multi-building LAN Campus Number of Floors:				<input type="checkbox"/> Grant access to mobile users within bldg / facility Number of Mobility Users:			
Site Name:				<input type="checkbox"/> Outdoor coverage. Please estimate outdoor coverage area (i.e. sq. ft. or acreage):			
Street Address:		City:	County:	Zip Code:	Building Name:	Qty Wiring Closets:	
Site Contact Name:				Site Technical Contact Name:			
Site Contact eMail:				Site Technical Contact eMail:			
Site Contact Phone: () -				Site Technical Contact Phone: () -			
Site Contact Fax: () -				Site Office Hours:			
Description of Coverage Areas (By floor or room number if applicable; include approx. sq/ft) and User Density in Coverage Area							
<u>Customer Information and Responsibilities</u>							
<ul style="list-style-type: none"> WLAN Services delivery in 30-45 days, upon successful completion of assessment and design activities. Additional structured cabling and equipment requirements may delay service delivery. ITS will contact you to schedule a site visit to perform a wireless Site Survey, etc. upon receipt and review of this form. Customer is responsible for Ethernet cabling from equipment closets to AP location Customer is responsible for providing power to APs Please provide us with drawings of your floor plans (.jpg or .png) <p><i>*If an application's traffic contains sensitive information such as credit card data, IRS information or Personally Identifiable Information, etc. this must be disclosed.</i></p>							
Fiscal Office/Budget Authorization Signature: _____						<input type="checkbox"/> Signature on File	