# Wireless LAN (WLAN) Service Request

**NC Department of Information Technology Service Delivery**  
PO Box 17209; Raleigh, North Carolina 27619-7209  
DIT Home Page Web Address: [https://it.nc.gov/](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.service-now.com/sp_dit](https://ncgov.service-now.com/sp_dit)

***Sign into the Service Now Portal using NCID credentials & attach this form to your request.***

**SLA (DIT Use):** Global / Master  
**Billing Location Code (DIT Use):**  
**NSWAN Site Number (DIT Use):**

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**Service Request (DIT Use):**

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Please answer all questions below to expedite processing of this request. Please print or type.

<table>
<thead>
<tr>
<th>Requestor Name:</th>
<th>Requestor Daytime Phone: ( ) -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requestor eMail:</td>
<td>Requestor Fax: ( ) -</td>
</tr>
<tr>
<td><strong>Department Code:</strong> (billing information)</td>
<td><strong>Agency Name:</strong></td>
</tr>
</tbody>
</table>

- [ ] New  
- [ ] Termination  
- [ ] Additional Coverage Area  
- [ ] Relocate Office

**Business objectives driving WLAN Services:**

**Present WLAN Requirements and Usage Projections (i.e. Data, Voice, Video, Applications*, etc.)**

- [ ] Employee / Contractor  
- [ ] Guest Access

**Future WLAN Requirements and Usage Projections:**

**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:**  
- [ ] Are you trying to connect two buildings together

**Single Building**  
**Multi-building LAN Campus**  
**Number of Floors:**

**Grant access to mobile users within bldg / facility**  
**Number of Mobility Users:**

- [ ] Outdoor coverage. Please estimate outdoor coverage area (i.e. sq. ft. or acreage): 

**Site Name:**

**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**

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Customer Information and Responsibilities

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. DIT 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)

If an application's traffic contains sensitive information such as credit card data, IRS information or Personally Identifiable Information, this must be disclosed.

Fiscal Office/Budget Authorization Signature: ________________________________ [ ] Signature on File