



ACCNet ♦ Telecommunications Department

Request for a Broadband Circuit

Today's Date

Requested Service Date
(at least 30 days from today)

SECTION ONE -- DEPARTMENT AND BILLING INFORMATION

Department Name

GL Acct No. (Install)

GL Acct No. (Monthly Billing, use 6569 sub code) *

Acct Expiration Date (Grants only)

SECTION TWO -- DEPARTMENT CONTACT INFORMATION

Department Contact

Department Budget Authority

Name(First, Last, Title)

Name(First, Last, Title)

Phone Number

Fax Number

Phone Number

Fax Number

Email Address

Email Address

SECTION THREE -- ACTION REQUESTED

Install a brand new circuit

Move an existing circuit location (move a drop)

Completely disconnect an existing circuit

Other (explain) _____

SECTION FOUR -- CIRCUIT INFORMATION

All items in this section must be completed. If you are unsure of what to submit, please contact the Telecommunications Department.

1 Type of Broadband Circuit

ISDN (Integrated Services Digital Network)

DSL (Digital Subscriber Line)

CABLE MODEM

2 Enter the CKR or phone number. (Only for changes to existing circuits or termination)

3 Briefly describe the type of equipment to be directly connected to this circuit (e.g., router, etc.) and state any special conditions (such as static or hard coded IP address).

* Data Circuits will be billed up front for the entire fiscal year, funding for subsequent year(s) must be secured during the budget process to continue service.

SECTION FIVE – CIRCUIT LOCATION INFORMATION

CONTACT THE TELECOMMUNICATIONS DEPARTMENT IF YOU ARE UNSURE A DEMARC EXTENSION IS NEEDED

This circuit will connect a Customer's Location 1 to Location 2. Location 1 is the End User's location, usually the point where new service is needed. If the equipment to be connected to the circuit is not in the same room where the circuit enters the facility--called the point of demarcation--the circuit will need to be extended beyond the "DEMARC" to where the End User's equipment is located.

If the customer does not specifically request extension of the DEMARC (below) and it is later determined that the DEMARC needed to be extended, then the customer will be liable for delays and additional charges incurred.

LOCATION 1		LOCATION 2	
This is the address and specific room information where the circuit will be installed.		This is the address and specific room information where the circuit's other end will be installed.	
1A-Does customer request Extension of the DEMARC. (If YES, department agrees to pay charges.) YES <input type="checkbox"/> NO <input type="checkbox"/>		2A-Is Location 2 at a telephone company facility? (If YES, only 2C thru 2F below must be completed) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Note: If extension of DEMARC is specifically NOT requested, reason must be given on separate enclosure.		2B1-Is Location 2 at a customer facility? (If YES, complete all information 2C thru 2O below.) YES <input type="checkbox"/> NO <input type="checkbox"/>	
1B-Will circuit terminate in the telephone equipment room? (If YES, information below pertains to that room.) YES <input type="checkbox"/> NO <input type="checkbox"/>		2B2-If Location 2 is a phone company or customer facility is YES <input type="checkbox"/> NO <input type="checkbox"/>	
1C-Name of Location		2C-Name of Location (or name of Telephone Company)	
1D-Location Street Address		2D-Location Street Address	
1E-City	1F-County	2E-City	2F-County
1G-State: Texas	1H-ZIP Code	2G-State: Texas	2H-ZIP Code:
1I-Building Name or Number:		2I-Building Name or Number:	
1J-Room Number or Name where circuit will terminate		2J-Room Number or Name where circuit will terminate	
1K-Location (or wall) in Room where circuit will terminate		2K-Location (or wall) in Room where circuit will terminate	
1L-Cross Street – Street Names of Nearest Intersection		2L-Cross Street – Street Names of Nearest Intersection	
1M- Circuit Number (Please provide this only for changes to existing circuits)		2M-Circuit Number (Please provide this only for changes to existing circuits)	

SECTION SIX – AUTHORIZED SIGNATURE

I have received and read the BroadBand Information document. I understand and agree to the terms and conditions of this agreement. By signing, I am authorizing the Telecommunications Department to order the circuit defined above on behalf of my department.

Budget Authority	Today's date

(The Telecommunications Department will not process this form without signature and date.)

For ACCNet Use Only

Order Date _____
 Installation Date _____
 Termination Date _____
 Reason for Termination (code) _____

Funding Verified
 Installation Cost _____
 Monthly Cost _____

Termination Codes: 1-per customer 2-per phone company 3-per telecom dept. 4- Non-payment