



**ACCNet ♦ Telecommunications Department**

**Request for a DS-1 Circuit (Also called T-1)**

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 Framing Format Required**

D4 / AMI

Extended Super Frame (ESF) B8ZS – Clear Channel

Extended Super Frame (ESF) AMI

**2 House Bill 2128 Eligible and Requested**

(If requested, 1 year contract required. Early termination fees apply and will be paid by the department.)

**3 Enter the CKR number.** (Only for changes to existing circuits or termination)

Briefly describe the type of equipment to be directly connected to this DS-1 circuit (e.g., modem, etc.) and state any special conditions (such as channelization requirements).

\* 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: <b>Texas</b>	1H-ZIP Code	2G-State: <b>Texas</b>	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 T-1 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 \_\_\_\_\_

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