



## INET WAN Request Work Order

*(Non Emergency)*

Name:

Phone Number:

Email address:

Technical Contact / Email address / Phone Number:

Affected INET Participant:

Requested Date for work:

Requirements from WAN Team including Public IP addresses, Port numbers and their associated services (ex. SMTP port 25), DNS/MX records, etc.

Device	Internal IP Address	INET IP Address	Ports Requested	Public Address

Request Description (please provide as much detail as possible):

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**WAN Request Work Order must be approved by Municipality.**

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Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**This form must be sent to INET staff members 36 hours before work is scheduled to start. This will allow INET to effectively schedule an engineer for the work that needs completed.**