

All fields must be completed by authorized personnel and approved by DTO Management **BEFORE** equipment may be added or removed at the State Data Center.

General Information

Agency: _____ Date of Request: _____
 Target Delivery: _____
 Requesting Manager: _____ Date: _____
 Target Install or _____
 Manager Signature: _____ Removal Date: _____
 Project/Use: _____

System Administration

System Administrator's Name: _____
 System Administrator's Telephone #: _____
 System Administrator's Email Address: _____
 Device Type: _____
 Device Manufacturer: _____ Device Model: _____
 # of Rack Units: _____ S/N# : _____

Physical Requirements:

Power

of Connections: _____
 Type: _____
 Voltage: _____
 Max Watts/Amps: _____
 BTU/Hr: _____

Network

of Connections: _____
 Type: _____
 Bandwidth: _____

Approvals

Approved: _____
 (name)

Rejected:

 (reason for rejection)

Data Center Administration

(DTO Use Only)

BILLING ACCOUNT/FUND NUMBER: _____

RACK NUMBER: _____

SERVICE DESK WORK REQUEST #: _____

Power Source

	PDU#	RDC#	PANEL	BREAKER
Circuit 1				
Circuit 2				
Circuit 3				
Circuit 4				

Notes or Additional Comments: