I-Net Connectivity Request Form (CRF)

CRF v.12/04/2017

CRF #
Date

Section I: CRF reque	estor informa	tion				
Agency Name						
Department Name						
Authorized Requestor Name, Title		e	Phone Email			
Signature						
Technical Contact Name, Title			Phone Email			
Section II: Project Overview						
Project Title			,			
Request Type	I-Net Fiber ☐ New I-Net fiber resource use ☐ Change I-Net fiber resource use ☐ New OTN Rackspace use ☐ Change OTN Rackspace use ☐ Add new site to I-Net network ☐ Data exchange using I-Net backbone (If this box is checked, please complete section III below)		County-owned Fiber New ICBN fiber resource use Change in existing ICBN fiber resource use Add new site to I-Net network Data exchange using I-Net backbone (If this box is checked, please complete section III below) if any of the above boxes are checked, please get County approval in section V	Requester-owned Fiber Data exchange using I-Net backbone (If this box is checked, please complete section III below)		
Purpose of Project			,,			
Users affected						
Locations Include street address						
Section III: Complete this section only if the project includes data exchange across the I-Net backbone:						
Data Owner						
data owner?		Yes \square If yes, pleads \square				
Data User(s)						
Section IV: Project Description						
Requirements Fiber resources, Comcast headend access, OTN rack space, scheduled downtime, firewall port requirements, IP addresses, etc.						

Design and Details		
Attach diagram and describe		
any changes or additions to		
the current network.		
	T	
Start Date	End Date	
Initial Cost	\$ Recurring Cost	\$
Initial Savings	\$ Recurring Savings	\$

Section V: Approval needed to use County-owned resources:

Name	Title	Signature/Date Approved
Lakisha Pingshaw	ICBN Program Manager, OIT	
Jason Arnold	Network Infrastructure Manager, OIT	

Section VI: CRF Approval

Committee	Date Presented to Committee	Date Approved by Committee
Technical Committee		
Policy Committee		
Executive Committee		