

Prince George's County C-NET

Connectivity Request Form (CRF)

CRF#:

Date:

Section I: CRF requestor information

v.1.2 9/25/2023

Agency Name	Click here to enter text.		
Department Name	Click here to enter text.		
Authorized Requestor Name, Title	Click here to enter text.	Phone Email	Click here to enter text. Click here to enter text.
Signature			
Technical Contact Name, Title	Click here to enter text.	Phone Email	Click here to enter text. Click here to enter text.

Section II: Project Overview

Project Title	Click here to enter text.		
Request Type	C-NET Fiber	County-owned Fiber	Requester-owned Fiber
	<input type="checkbox"/> New C-NET fiber resource use <input type="checkbox"/> Change C-NET fiber use <input type="checkbox"/> New OTN Rackspace use <input type="checkbox"/> Change OTN Rackspace use <input type="checkbox"/> Add new site to C-NET network <input type="checkbox"/> Data exchange using C-NET backbone (If this box is checked, please complete section III below)	<input type="checkbox"/> New ICBN fiber resource use <input type="checkbox"/> Change in existing ICBN fiber resource use <input type="checkbox"/> Add new site to C-NET network <input type="checkbox"/> Data exchange using C-NET backbone (If this box is checked, please complete section III below) <i>* if any of the above boxes are checked, please get County approval in section V</i>	<input type="checkbox"/> Data exchange using C-NET backbone (If this box is checked, please complete section III below)
Purpose of Project	Click here to enter text.		
Users affected	Click here to enter text.		
Locations <i>Include street address</i>	Click here to enter text.		

Section III: Complete this section only if the project includes data exchange across the C-NET backbone:

Data Owner	Click here to enter text.
Approval to use data from data owner?	Yes <input type="checkbox"/> <i>If yes, please attach relevant authorization document/s</i> No <input type="checkbox"/>
Data User(s)	Click here to enter text.

Section IV: Project Description

Requirements <i>Fiber resources, Comcast headend access, OTN rack space, scheduled downtime, firewall port requirements, IP addresses, etc.</i>	Click here to enter text.
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Design and Details <i>Attach diagram and describe any changes or additions to the current network.</i>	Click here to enter text.		
Start Date	Click here to enter a date.	End Date	Click here to enter a date.
Initial Cost	\$Click here to enter cost.	Recurring Cost	\$Click here to enter cost.
Initial Savings	\$Click here to enter savings.	Recurring Savings	\$Click here to enter 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		