



Information Technology Services STS-06 Security Services Request Form

1. **Date of Request:** _____

Billing Inquiries: 1-888-787-4357 Option 3

Technical Inquiries: 1-800-722-3946

2. **Requesting Agency**

Name: _____

Telephone: _____ Fax: _____

Federal ID #: _____

Dept. Billing Code: _____ / _____ / _____ / _____

Fiscal Office: _____

(Telecommunication Services requires a valid
Department Billing Code to ensure proper billing)

Billing Address: _____

City, County, State, and Zip: _____

Fiscal Office/Budget Authorization Signature

IS Department Contacts

Name: (print) _____

Name: (print) _____

Signature: _____

Email Address: _____

Title: _____

3. **Request Type**

New Service: ☐ Upgrade: ☐ Relocate: ☐ Termination: ☐ Shared Service¹: ☐

Site ID (for existing sites only): _____ System/District-id (for E-rate customers only): _____

4. **Security Service Type**

Firewall/VPN Service: Standard: ☐ Standard Plus: ☐ Premium: ☐

Options:

SSL VPN Client:	#users
IPSec VPN Client:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>

SSL VPN Client:	#users
IPSec VPN Client:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>
HP:	<input type="checkbox"/>

SSL VPN Client:	#users
IPSec VPN Client:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HP:	<input type="checkbox"/>

Enterprise VPN Client: SSL # concurrent users

Agency VPN Client: IPSec ☐ SSL #users

Additional # of VPN Groups: #groups

IPS Service: Agency: ☐ Site (Single): ☐ Site (Dual): ☐

Security Consulting: Hours _____

5. **Site Information**

Address of Service Installation

(Physical location where service is to be installed)

Site Name: _____

Street Address: _____

City, State, and Zip: _____

County: _____

Building, Room #, where equipment is to be installed

(Up to 5 feet from Equipment Rack/ITS Router)

Bldg, Room: _____

Current Service Address

Site Name: _____

Street Address: _____

City, State, and Zip: _____

Office Hours/Days: _____

Building Access Contact

Name: (print) _____

Email Address: _____

Telephone #: _____

¹ Requires a completed STS-04 form



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6. Security Contact Information

Only the personnel listed below will have authority to initiate problem reports or configuration changes to firewalls, VPNs, or IPS devices managed by ITS.

Signature: _____

Primary Security Contact

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Signature: _____

Alternate Security Contact

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Signature: _____

Additional Problem Ticket Reporting / Configuration Change Requestors (up to 4):

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization: Problem Ticket _____ Change: _____

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization: Problem Ticket _____ Change: _____

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization: Problem Ticket _____ Change: _____

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization: Problem Ticket _____ Change: _____

7. Remarks/ Special Instructions

8. Customer Information and Responsibilities

- Security service installation occurs between 45 and 60 days from the date of the Consultation Meeting signoff. Typical service termination occurs between 30 and 45 days from date of request. NOTE: Service targets will be extended if fully completed request forms are not submitted.
- Please be specific in your description of the Building and Room # (Address of Service Installation) to ensure the firewall is installed near the router and CSU/DSU. If information is not completed correctly, then service installation dates will be extended beyond the 45 to 60 days.
- The Customer agrees to pay the OSBM approved rate for the term of this agreement. This agreement will be in effect for three (3) years from the date the service is declared operational. This agreement will be automatically renewed on a month-to-month basis thereafter.
- The Customer acknowledges that they have read and understood the terms and provisions in the [ITS Service Catalog](#) for the appropriate service and accepts the terms and conditions as indicated.
- The completed and signed STS-06 can be emailed to ts.service.request@its.nc.gov, faxed to (919) 850-2828, or mailed to:
ITS- State Telecommunications
PO Box 17209
Raleigh, N. C. 27619-7209