This template is to be used to request new service, moves, adds, changes or disconnects.

***A twelve (12) month minimum commitment is required for any circuit or termination penalty will apply which will be calculated at 50% of the price over the remaining Term.***

***Not to Exceed One-Time Construction Cost for fiber Installation at $80,000.00 per mile consists of: entrance facilities to the minimum point of penetration, non-reusable fiber construction, and non-reusable equipment necessary to provide the bandwidth requested at any individual site.***

***Definition of Special Construction: The not-to-exceed price per mile includes entrance facilities to the minimum point of penetration, non-reusable fiber construction, and non-reusable equipment necessary to provide the bandwidth requested at any individual site. Any fraction of a mile can be founded up to the next full mile.***

**Date of Request:**

**Site Details** (describing the physical building where the new service or change will occur)

**New Service  Add Service  Move Service  Change Service  Disconnect**

*(\*Note: A "Move" would equate to an Add at the new Site and a Disconnect Order for the previous Site.)*

* BadgerNet Site ID (if known):Click here to enter text.
* Requested Completion Date:Click here to enter text.
* Site Name: Click here to enter text.
* State Agency:Click here to enter text.
* Single Point of Contact (SPOC): Click here to enter text.
* Street Address/City/ZIP (include floor/room): Click here to enter text.
* Site Location County: Click here to enter text.
* Main Telephone: Click here to enter text.
* Hours: Click here to enter text.

**Contacts**

**Single Point of Contact (SPOC)** (person who authorizes orders, answers order-related questions and has primary oversight)

* Name: Click here to enter text.
* E-mail Address: Click here to enter text.
* Office Telephone: Click here to enter text.
* Cell Phone: Click here to enter text.

**LOCAL SITE CONTACT** (person who provides on-site technical support and access to the building and closets).

* Name: Click here to enter text.
* E-mail Address: Click here to enter text.
* Office Telephone: Click here to enter text.
* Cell Phone: Click here to enter text.

**BILLING CONTACT** (individual who receives the bill)

* Contact Name: Click here to enter text.
* E-mail Address: Click here to enter text.
* Office Telephone: Click here to enter text.
* Cell Phone: Click here to enter text.
* Street/City/ZIP: Click here to enter text.
* AT&T Billing Account (if known): Click here to enter text.
* PFR/USE code (mandatory for State Agency sites): Click here to enter text.

**DATA SERVICE—LOCAL SITE CONTACT** (Person who provides data support at the site and can provide access to the building and closets)

* Name: Click here to enter text.
* E-mail Address: Click here to enter text.
* Office Telephone: Click here to enter text.
* Cell Phone: Click here to enter text.

**Service**

**Category A WAN—with QoS**

Click Here to Select Bandwidth

**Category B WAN—without QoS**

Click Here to Select Bandwidth

* There are three options:

**WiscNet on BadgerNet –** *Must also check Category B WAN* – without QoS and select Bandwidth

**MIS over BadgerNet –** *Must also check Category B WAN* – without QoS and select Bandwidth

**Select a Provider**

**If Other, enter ISP provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* ***Juniper Rack and Wall Mount must be provided on all new BadgerNet routers.***

**Category C (Broadband Internet)**

* Based on ISP provider network footprint, service may not be available at every location in the State of Wisconsin. Best effort ISP service without QoS or SLAs.

**Asymmetrical service** (send and receive data at unequal bandwidth rates with more bandwidth available for download/receive than upload/send). The transport provider and the ISP portal provider are the same vendor. This managed broadband service will check service and return a list of providers available for the customer to determine the best option at a site. This managed broadband service will also care for the order, implementation process, service management as well as billing.

**Category D (**Ethernet Services**)**

Select Bandwidth

**Decommission (Existing site moving or shut down)**

Click here to enter a date**.**

**Additional Information:**

Click here to enter text.

**\*\*\* For DOA Internal Use Only \*\*\***

SR number:

Is extension of a demarc requested? Yes ( ) No ( )

* (If Yes) Demarc extension location:
* (If Yes) Provide any additional details regarding the move:

Have environmentals been validated? Yes ( ) No ( )

* (If Yes) Name:
* (If Yes) Telephone Number:
* (If Yes) PON:

DET Deployment Engineer:

**Facilities:**

Copper

Fiber Connector:  LC or  SC

Single Mode

Multi Mode

Short haul (SX)

Long haul (LX)

**Number of Lan Ports:**

**Additional Comments**:

**\*\*\* AT&T\*\*\***

**Optional: If possible or applicable, based on the MACD type, please include the following**:

*(\*Move, Add, Change or Disconnect)*

**Circuit Info**:

* Supplier/Telco: Click here to enter text.
* Asset ID or Circuit ID (N/A for New Circuit): Click here to enter text.
* 3PT Service Type (Customer of Record (COR) or Letter of Agency (LOA)): Click here to enter text.
* Quote # (ROME WR#): Click here to enter text.
* Bandwidth (Access/Port): Click here to enter text.
* DMARC location: Click here to enter text.
* Who is responsible for Inside Wiring: Click here to enter text.
* IP Addresses: Click here to enter text.
* Bandwidth Requirement: Click here to enter text.
* Provide Documents (sales provided documentation): Click here to enter text.

**Equipment**:

* New equipment shipping address if different from site address (add consignee details): Click here to enter text.
* Equipment room location: Click here to enter text.
* Rack space and power outlet availability: Click here to enter text.
* Is AT&T/NCR technical required: Click here to enter text.

**Description of Work to be Completed**: Click here to enter text.