

Broadband Service Requirements Form



CUSTOMER INFORMATION	Company:									
	Name:									
	Role:									
	Contact Details:	Email			Telephone					
LOCATION	Building: (Please select)	T1	T2	T3	T4	T5				
		Other - please specify:								
	Room number:									
SCOPE	Service Option:	Bandwidth					Connection			
			1Mb	2Mb	3Mb	5Mb	10Mb	20Mb	Separated	Managed
		Standard								
		Premium								
	Cabling at the location:	Existing			New Required			Don't know		
	Router MAC address (optional):									
	Required Activation date:									
Comments:	(please provide any additional information)									
SITA USE ONLY	Date Provided:									
	Customer Acceptance:									
	Outlet Number:									
	Switch Name / Port Number:									
	Additional Information:									