Attachment III

NYSDSS SUPPLEMENTAL EQUIPMENT REQUEST FORM

Control No_____

Agency Name:_____Site ID:_____
If Voluntary Agency, Request Must Be Submitted By Local District

Address:_____

City:_____Zip Code_____

Site Contact:_____Phone No:_____

Local District Sponsor:_____
Required for Voluntary Agency Requests

Commissioner:_____Phone No:_____

Request Type: Move_____Add-On_____Reconfiguration_____
==========

Master Domain Name:_____Cluster Type:_____Circuit No._____

Resource Domain Name:_____Cluster ID:_____
==========
Supplemental (New Equipment)

Desk Top_____Laptop_____

High End Printers:_____Low End Printers:_____CIAB_____

Request Approval Date:_____Site Survey Required:Yes____No____Date_____

Installation Date_____
==========

Equipment Requirement
(complete for equipment moves)

Unit ID	Serial #	IP Address	Comments

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Special Instructions:

_____

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Attachment IV

DSS Network Integration Services Request Form

Agency Name:_____Site ID:_____
If Voluntary Agency, Request Must Be Submitted by Local District

Address:_____

City:_____Zip Code_____

Site Contact:_____Phone:_____

LAN Administrator:_____Phone:_____

Local District Sponsor:_____
Required for Voluntary Agency Requests

Commissioner:_____Phone:_____

Please provide specific details of request:

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