**** Branch Office VPN Request FORM

 Version 7 Updated 8/06/2024

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| **Requesting AGENCY Contact information** |
| Agency/City/County: | Click here to enter text. | **Agency Number:**  | Click here to enter text. |
| Requester Name: | Click here to enter text. |  |
| Email: | Click here to enter text. | **Phone:** | Click here to enter text. |
| Additional Information: | Click here to enter text.  |

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| Requesting AGENCY BIlling information |
| Billing Code: | Click here to enter text. |  |  |
| Billing Contact Name: | Click here to enter text. |
| Email: | Click here to enter text. | **Phone:** | Click here to enter text. |
| Additional Information: | Click here to enter text.  |

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| **Branch Office Site Information** |
| Street Address: | Click or tap here to enter text. |
| City: | Click here to enter text. | **State**: | Click here to enter text. | **Zip**: | Click here to enter text. |
| Technical Contact Name: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | **Phone:** | Click here to enter text. |
| OCS Design Review Complete? | Choose an item. | **Firewall Changes Needed?** | Choose an item. |
| Additional Information: | Click or tap here to enter text. |

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| **Shipping INformation (if different than Site Address)** |
| Ship to ATTN: | Click here to enter text. | **Street Address**: | Click here to enter text. |
| City: | Click here to enter text. | State: | Click here to enter text. | Zip: | Click here to enter text. |

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|  | **Internet service provider information** |
| *ISP Procured By:*  |  | Choose an item. |
| ISP Name: | Click here to enter text. | **Connection Type:** | Select Type | **Speed:** | Select Speed |
| ISP IP address Assignment: | Choose an item. | *\*Branch Office Sites must have a statically assigned Public IP address or a DHCP Reservation that never changes. \**  |
| ISP assigned IP Address: | Click here to enter text. | **ISP Subnet Mask:** | Choose a Subnet Mask. |
| Gateway IP address of ISP Router/Modem: | Click here to enter text. |
| *Customer Primary DNS:* | Click here to enter text. |
| Customer Secondary DNS: | Click here to enter text. |
| *Customer Provided LAN Subnet: With Netmask:* | Click here to enter text. |
| *Number of Static IP’s for DHCP:**(Remainder will be DHCP)* | Choose Number of IP's | **Requested Cutover date:*****(This is a requested date only; Formal Cut dates must be coordinated with Account Managers)*** | Click or tap to enter a date. |
| Link assignment if needed: | Click here to enter text. | *VRF/VDOM:*  | Click or tap here to enter text. |

Please email this completed form along with your Service Request to the WaTech Support Team at support@watech.wa.gov.

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| **WaTech Support Center** |
| **855.WaTech1 or 360.586.1000** |
| Press **1** for **Secure Access Washington (SAW)**Press **2** for **WebEx or Conference Bridge**Press **3** for **Applications and Desktop Support**Press **0** for **All Other Requests** |
| **Support@WaTech.wa.gov** |
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**THIS SECTION INTENDED FOR INTERNAL WATECH USE ONLY**

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| VPN Site Name:  | Click or tap here to enter text. | Device Serial Number  | Click or tap here to enter text. |

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| Branch Office Site Updates, Technical Notes and Completion Notice:  |  |
| Click here to enter text. |  |