**Logo

Description automatically generated** 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](mailto: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**](mailto: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. |  |