

PSPN Request Form

Site Name _____

Legal Entity Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____ Authors Title _____

Site Contact _____ Site Contact Phone _____

Site Contact Email _____

Service Location Address _____

City _____ State _____ Zip _____

TaxID _____ NPI _____ Taxonomy _____

For Profit _____ Non-Profit _____

Type of Organization _____

In building termination location _____

Technical Contact _____ Technical Phone _____

Technical Email _____

Bandwidth Needed _____ Equipment needed (i.e. firewall, router, core switch etc....)

Technologies desired to use over PSPN _____
