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| --- |
| **State of Texas - Department of Information Resources - Telecommunications Division**Remedy Work Order\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TSR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DIR USE ONLY****P.O. Box 13564, Austin, TX 78711-3564** |

Metro Ethernet Circuit Order Form

After completing the form, save as a MS Word file and send the form as an e-mail attachment to: telecom.solutions@dir.texas.gov

Please call 877-472-4848 option 4 for assistance.

BEFORE Ordering Service please go to:

<http://www.dir.texas.gov>

1) Click on the Telecom tab

2) Click on the TEX-AN contracts in the lower left side of the page to review the contracts and pricing

 [ ]   **I accept the terms and conditions represented in one of the Customer Service Agreements sited above. Please note, we cannot place or process orders with any vendor unless this box is checked.**

1) AGENCY INFORMATION

 **Agency Name:**       **Agency Code:**

 **Division Name:**        **Division Code:**       ***000 is the default Division Code.***

 **Order Submitted By:**

 **Phone Number:**       **ext.**       **E-mail:**

 **Date of this Request:**      (mm/dd/yyyy) **Requested Due Date:**       **(mm/dd/yyyy)**

 **Expedite Request: [ ]  YES [ ]  NO (If yes, customer agrees to pay expedite charges.)**

2) TYPE OF REQUEST **[ ]  Install New Circuit [ ]  Disconnect Circuit [ ]  Change Circuit**

 **[ ]  Add new location to an existing network**

 **For a change, disconnect or adding another location to an existing network a CKR and/or circuit identifier is required:**

 CKR

 Circuit identifier

 If a change is requested, please explain change

3) PROVIDER AND PRICING

 **Provider** *(select one)*: [ ]  AT&T DIR-TEX-AN-NG-CTSA-005 (24 month term and for ASE orders please provided ATT technical document)  [ ] TW Telecom DIR-TEX-AN-NG-CTSA-006 [ ]  Level 3 DIR-TEX-AN-NG-CTSA-007 [ ] Time Warner Cable DIR-TEX-AN-NG-CTSA-008

 **Term agreement** (*in months)*:

4) CIRCUIT INFORMATION

 Access Speed: [ ]  10M [ ]  100M [ ]  1 G

 Type of Connection [ ] .Point to Point [ ] .Point to Multi Point

 Port Speed: *Select one*: [ ]  1.5M [ ]  2M [ ]  4M [ ]  5M [ ]  8M [ ]  10M [ ]  20M [ ]  30M [ ]  40M [ ]  50M [ ]  60M

 [ ]  70M [ ]  80M [ ]  90M [ ]  100M [ ]  200M [ ]  300M [ ]  400M [ ]  500M [ ]  600M [ ]  1 G

 Other

5) LOCATION INFORMATION

 **Name of Location:       Building Name or Number:**

 **Street Address:       City:       State:**    **Zip:      -**

 **Cross Street – street names of nearest intersection**

 **Building Room Number:**

 **Name of Primary On-Site Contact:** **Primary’s Phone Number:**      **ext.**

 **Primary cell phone number**

 **Primary’s e-Mail Address:**

 **Name of Alternate On-Site Contact:       Alternate’s Phone Number:**      **ext.**

 **Alternate cell phone number**

 **Alternate e-Mail Address:**

  **Access/PORT Speed       Port/CIR**

6)  LOCATION 2 INFORMATION

 **Name of Location:       Building Name or Number:**

 **Street Address:       City:       State:**    **Zip:      -**

 **Cross Street – street names of nearest intersection**

 **Building Room Number:**

 **Name of Primary On-Site Contact:       Primary’s Phone Number:**      **ext.**

 **Primary cell phone number**

 **Primary’s e-Mail Address:**

 **Name of Alternate On-Site Contact:       Alternate’s Phone Number:**      **ext.**

 **Alternate cell phone number**

 **Alternate e-Mail Address:**

  **Access/PORT Speed       Port/CIR**

7) REMARKS provide any special requests and additional information.

      .

Please attach the Vendor Price Quote to Ensure Correct Pricing      .