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| COMMONWEALTH OF PENNSYLVANIA  HEALTH & HUMAN SERVICES  DELIVERY CENTER (HHS DC) | | | NEW IP ADDRESS REQUEST FORM | | | | | | | | | | | | | | | | | | Email to: IT Service Desk <copaprod@service-now.com> | | |
| Program Office and Program Office Coordinator | | | | | | | | | | | | | | | | | | Program Office Coordinator Phone Number | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Site Name | | | | Site Coordinator and Phone Number | | | | | | | | | | | | | | *Required Fields are In Bold. If these fields are not complete, request cannot be processed.* | | | | | |
|  | | | |  | | | | | | | | | | | | | |
| User Name (Last, First, MI) | | | | | | | | | | | | SAP Codes (Cost Center; Fund) | | | | | | | | | | User Phone Number | |
| E-Mail Address: | | | | | | | | | | | |  | | | | | | | | | |  | |
| Equipment Information | | | | | | | | | |  | | User Address (Including Bldg., Floor, and Room) | | | | | | | | | | | |
| Manufacturer | |  | | | | | |  |  | | |  |  | | |  | | | | | | | |
| Model Number | |  | | | | | |  |  | | |  |  | | |  | | | | | | | |
| Serial Number | |  | | | | | |  |  | | |  |  | | |  | | | | | | | |
| Network Address | |  | | | | | |  |  | | |  |  | | |  | | | | | | | |
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| Additional Comments by Requestor   |  |  | | --- | --- | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| HHS DC TO COMPLETE THE FOLLOWING: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | Additional Comments | | | | | | | | | | | | |
| IP ADDRESS |  | | | |  |  | | | | |  | |  | | |  | | | | | | | |
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Note: Form revised 4/8/2020 to reflect organization change…. Michael Sites