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| COMMONWEALTH OF PENNSYLVANIAHEALTH & HUMAN SERVICESDELIVERY 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 |  |  |  |  |  |  |
|  |  |  |  |
|  |  |
| Additional Comments by Requestor

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| HHS DC TO COMPLETE THE FOLLOWING:  |
|  |  | Additional Comments |
| IP ADDRESS |  |  |  |  |  |  |
| PID NUMBER |  |  |  |  |  |  |
|  |  |  |  |
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Note: Form revised 4/8/2020 to reflect organization change…. Michael Sites