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CONSTRUCTION FIELD SITE IT EQUIPMENT REQUEST FORM

IIC Fields (Required)	IT Fields

Today's Date:		Installation Date:					
Work Requ	ested:			Installed By:			
Field Office & Job Information			Contact Information				
ECMS Project #:				Inspector In Cha	rge:		
District:				Cell Phone:			
County:				Field Office Phone:			
Municipality of Field Office:				Email:			
SR/Section OR Project Title:				Backup Contact: (Optional)			
Is Power/Internet Installed?				Backup Contact Cell Phone:			
If No, Enter Date for Install:			Other:				
Equipment Required			d	Will equipment/office be shared			
Computer Quantity				with an existing job? (Will a Router or Printer be shared with		Co-Located	
Printer Quantity			another job?)		ECMS # ->		
Field Office Location:			Note: Make sure to fill in at least 1 of the location fields below				
Address:				GPS Coordinat	GPS Coordinates:		
etailed Directions	from District (Office:					
ieneral Notes & C	omments:						
Equipment Asset Information							
			Asset	Tag #	DNS	Hostname/IP	Address
Laptop	s / Desktops						
Docking Stations							
Monitors							
Multifunction Printers							
VP	N Router						
nstallation/Equipn	nent Notes						