Installation Site Details	Service Order	Power and Service Interface
Company Name:	Verizon Service Order Type: (New, Upgrade, Shift,	CONFIRM Type of 240V Power Sockets
Install Site Address:	Disconnect)	available in cabinet:
Install Site Address PSTN Contact Telephone	Verizon Product Type:	CONFIRM minimum of TWO SPARE 240V
Number (in service):	Verizon Managed Service:	Power Sockets available in cabinet for
	Access Circuit Speed (Mbps):	installation:
Service Demarcation	Service Bandwidth Speed (Mbps):	CONFIRM Customer WAN Interface
Service Demarcation - Floor:	Is This Installation to be Done Out of Business	CONNECTOR Type (for Verizon circuit
Service Demarcation - Room/Suite:	Hours:	connection):
	Has Circuit Diversity Been Requested:	FOR FIBRE INTERFACES ONLY - CONFIRM WAN
Service Demarcation - Rack/Cabinet:	Customer Requested Service Installation Date	Interface FIBRE Type:
	(CDDD):	
Who is Responsible for IN-HOUSE Cabling:	CPE*: Is the Router/Switch to be Provided by the	CONFIRM Customer LAN Interface
terio is responsible for he file est cabling.	Customer or Verizon:	CONNECTOR Type:
Site Access	CPE: Cabinet Space Required (1x RU = 50mm	
	approx)	Out of Band Management
SITE Access Requirements (e.g. any special security	EVPL PRODUCT: Additional Space Required:	Management Line Type (PSTN or GSM):
arrangements):	Product ships with additional equipment - additional	For GSM - Confirm that a VODAFONE GSM
Are there any restricted hours that the install site is	2U required (100mm approx)	signal is available at site
open for access? Any other special access or	VPLS PRODUCT: Additional Space Required Product ships with additional equipment - additional	Management Line Type: Is the PSTN to be
clearance to be acquired or requested?	2U required (100mm approx)	Provided by the Customer or Verizon:
LOCAL Site Contact Name:	TOTAL Cabinet SPACE Required (RU):	Re-use Existing PSTN or is a New PSTN Line On
LOCAL Site Contact Landline:	CPE: Combined Power Requirement for Router	Order by Customer:
LOCAL Site Contact Mobile:	and Modem (Watts)	Confirm Existing PSTN Line Number:
LOCAL Site Contact email:	EVPL PRODUCT: Additional Power (Watts) Required	
Secondary Site Contact Name:	Product ships with additional equipment - add 100W	Confirm PSTN Line Jack is Located in Same
Secondary Site Landline:	VPLS PRODUCT: Additional Power (Watts) Required	Room as CPE (critical requirement):
Secondary Site Contact Mobile:	Product ships with additional equipment - add 100W	Confirm PSTN Line Jack is/will be Labelled
Secondary Site Contact email:	TOTAL POWER Required (Watts):	with PSTN Line Number