

TACOMA SCHOOL DISTRICT NO. 10
SITE STATIC IP ADDRESS REQUEST FORM

Please fax completed form to Network Services ext 1072

Date: _____

Date Required by: _____

(Please allow 2 weeks from time of receipt)

Technician Name: _____

School Name: _____

Room #	IDF #	Equipment Type	Mac Address	Subnet (Circle One)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16 24 32 40 48 56
NDPS Printer Agent:	<input type="text"/>	Static IP Address:	<input type="text"/>	Device Name: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16 24 32 40 48 56
NDPS Printer Agent:	<input type="text"/>	Static IP Address:	<input type="text"/>	Device Name: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16 24 32 40 48 56
NDPS Printer Agent:	<input type="text"/>	Static IP Address :	<input type="text"/>	Device Name: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16 24 32 40 48 56
NDPS Printer Agent:	<input type="text"/>	Static IP Address:	<input type="text"/>	Device Name: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16 24 32 40 48 56
NDPS Printer Agent:	<input type="text"/>	Static IP Address:	<input type="text"/>	Device Name: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16 24 32 40 48 56
NDPS Printer Agent:	<input type="text"/>	Static IP Address:	<input type="text"/>	Device Name: <input type="text"/>

