

New IIC Client Needs Assessment Check Sheet

Company Name: _____

Company Representative: _____

Phone: _____ Email: _____

Location(s): Building _____ Room (s) _____

Move in date: _____

Operational needs:

- Number of data ports needed: _____
- Number of IP addresses needed: _____
- Number of Access Cards needed: _____
- Company name to appear on door signs _____

Signature (name, title): _____**Date of request** __________
For Administrative use only

Approved: _____ Declined: _____ Reason request declined: _____

Signature of Authorization_____
Date: _____