

Space Allocation Request Form

*** indicates a mandatory field**

*Requester	
If related to Project, provide Project Name	
If related to Project, PM Name	
*Billing Code	
*Project Production Deployment Date	
*Business Capability	
*Hardware Specifications	
Manufacturer	
Model	
Size (rack units) required?	
Side to Side Airflow Adapter Required?	
*Power Requirements	
Number of Power Cables	
Type of Power Plug	
Equipment Max Wattage:	
*Who will be managing this service/device?	
Vendor name	
Vendor technical contact name	
Contact's information	
YYC technical contact name	
YYC contact's information	
*Who is Installing this service/device?	
Vendor name	
Technical contact name	

Contact information	
Date of Installation	
Desired Location	
Network Configuration	
Number of Network Ports Required	
Physical Media Required	
Cross Connects Required?	
Network Diversity Required?	
Special Requirements	