**ICN Domain Name Registration**

**This DNS form is to be used for Disconnect Requests. Red \* sections are required.**

**Requesting Agency Information**

|  |  |
| --- | --- |
| Requested By: |  |
| Requesting Agency: |  |
| Agency Tracking #: |  |
| Phone Number: |  |
| Email Address: |  |

**Approvers(s)/Billing Section\***

|  |  |
| --- | --- |
| **One-Time Charge** |  |
| Account number to be charge |  |
| **Billing account , only one install per form** |  |
| **Monthly** |  |
| Account number to be charge |  |
| **Billing Account** |  |
| Approvers(s) –(Signatory who has approved funds for this order) |  |
| **I certify that unencumbered funds are available for the purchase of services requested and that such items are for the sole use of this agency.** | (Yes or No) |
| **Expedite (fee will be added)** | (Yes or No) |
| \*Please provide billing information as some changes to services may require one time or monthly charges. | |

**DNS Information Section\***

|  |  |
| --- | --- |
| **Fully Qualified Domain Name (Mandatory):** |  |
| **Primary Server Information** |  |
| Hostname: |  |
| IP Address: |  |
| **Secondary Server Information** |  |
| Hostname: |  |
| IP Address: |  |
| Detailed description of work requested: |  |
| Requested date of completion: |  |