Consolidated Technology Services • WA

Area highlighted in yellow are the mandatory fields required for processing this request

EDN Customer Request Form
WAN New / Change / disconnect

Submit by E-mail

Use this form to create target requirements for your needs. You can use this information in all stages of your communications and planning.
Demographics: In the following table, enter the information that you need in order to create a profile for your requirement.

Agency Info (complete if the end user is purchasing our products on the Agency's behalf)

Agency ID#:

Agency Name:

Billing Account #:

Do you have a current SLA ? Please note if SLA is not current no new installs can be completed. yes ☐ No ☐ Unknown ☐ SLA #

Requestor Name: Requestor Phone E-mail

Please choose Type of request below If New circuit ->->->-> ☐ Firm request OR ☐ Budgetary request

Circuit type requested:

Site Name:
or CTS to provide?

Site Contact Info (Name and Phone):

Site Current Address

And / OR

Site New Address (If Applicable):

Contract Term requested: ☐ 12 Mo. ☐ 24 Mo. ☐ 36 Mo. ☐ 48 Mo. ☐ 60 Mo. Termination Node:

Will this circuit be a shared service with CTS/LTS? ☐ YES ☐ NO ☐ Unknown

CTS to extend DEMARC? ☐ Yes ☐ No ☐ Not Required ☐ Customer Extend

Number of Users at (or Expected) for Site? ☐ <25 ☐ 25 - 30 ☐ 31 - 40 ☐ 41 - 50 ☐ 50 - 100 ☐ 100 or More

Do you have any Special considerations we need to be aware of for this request (such as time frame to install or end of budget cycle)?

Special Instructions:

For questions regarding this form please contact the CTS Service Desk at (360) 753-2454 or E-Mail to servicedesk@cts.wa.gov