



City of Albuquerque Network Management Firewall Configuration Request Form

Date: _____

Department: _____	Division: _____
Requested by: _____	Phone: _____

Type of Access

External Host / Network to Inside Host

External IP / Network	=====>	Internal Host /IP	IP Ports	Network Services
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

Internal Host to External Host / Network

Internal IP / Network	=====>	External Host / IP	IP Ports	Network Services
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

DMZ Host to Inside Host

DMZ Host IP	=====>	Internal Host IP	IP Ports	Network Services
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

Reason for Action: _____

For Network Group Internal use:

Address Groups:		
Internal: _____	External: _____	DMZ: _____
Service Groups:		
Internal: _____	External: _____	DMZ: _____

Assigned to: _____ Date Implemented: _____

Approved by Network Manager _____ Date: _____