City of Albuquerque
Network Management
VPN Request Form

☐ **Employee Access**   ☐ **Vendor Access**

VPN User Information

Novell ID: _____ *(If Applicable)*   **Dept:** _____

Company Name: _____   **Contact Number:** _____

Name: _____   **Project Name:** _____

Email Address: _____   **Project End Date:** _____

Host Access: **IP Ports: (Blank for All)**

_____   _____
_____   _____
_____   _____
_____   _____

Reason for Action: _____

_____

_____

Requested by: _____   **Phone:** _____

Requestor Signature: _____   **Date:** _____

For Network Group Internal Use:

User ID: _____   **Password:** _____

Group Assigned: _____   **Completed By:** _____

_____   _____
Approved by Network Manager   **Date**