

# Request for Modification to UWA IP Subnet

UWA Department or Unit: .....

Name of subnet contact person (for our records): .....

Contact phone:..... Contact email: .....

## IMPORTANT NOTES:

1. Return form by internal mail to ITS, or fax to 6488 1109.
2. No new subnet will be allocated unless appropriate billing details have been completed.
3. Any split of a subnet must be on appropriate boundaries. This may mean the re-assignment of IP numbers on some departmental computers.

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## REQUEST NEW SUBNET

Full subnet  Part of subnet  Approximate number of IP numbers required: .....

Please detail any special requirements (eg. restricted; for dialin)

.....  
.....

Please ensure that you register details of a contact person for this subnet at  
<https://secure.uwa.edu.au/ucs/subnet/>

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## RELINQUISH OR MODIFY SUBNET

Subnet (and range) Detail (attach separate sheet if insufficient space)

Return subnet to ITS .....

Proxy Authentication .....  
Required

Modify cache rules .....

Modify filter rules .....

Other change .....

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## BILLING INFORMATION

Charge to: Business unit  Project/Grant

If we already have this billing information recorded, notices of charges will be sent to the contact already recorded. If this is a new account, contact will be as above.

AUTHORISED BY: Name: .....

Signature: ..... Date: .....