



IP Subnet Assignment Request

Please use the following form to request a block/subnet of IP's. Once completed please return via e-mail to iprequest@support.sharedband.net as an attachment to a plain text email.

The **Contact Details** and **Request Details** sections must be filled out in full, failure to do so may result in the denial of your request. It is essential that we have detailed information about the devices and servers/services that are going to be used and given within the requested IP space to forward to the RIR. Optionally you can email us (as a reply to the initial response) a network diagram so we can view your network layout.

It is a requirement of Sharedband to be able to justify the usage of IP addresses within our range at all times to the local RIR (ARIN/RIPE). Due to this we reserve the right to request additional information to evaluate your assignment. We also reserve the right to refuse and/or revoke your request at our discretion.

If your application is successful, this does not guarantee your assignment and this is not to be considered as a binding contract.

Contact Details	
Contact Name	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="float: right; font-size: small; text-align: right; padding-right: 5px;">NIC Handle (if known)</div>
Company Name	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Address <small>(where the IPs will be used)</small>	<div style="border-bottom: 1px solid black; height: 40px; width: 100%;"></div>
Phone/E-Mail	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Tech Contact	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Phone/E-Mail	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>

Request Details		
# IPs Required	<input type="checkbox"/> /30 (4 IPs / 1 Useable) <input type="checkbox"/> /29 (8 IPs / 5 Useable) <input type="checkbox"/> /28 (16 IPs / 13 Useable) <input type="checkbox"/> /27 (32 IPs / 29 Useable) <input type="checkbox"/> Other (Specify Below)	
Subnet <i>(/nn)</i>	Immediate Requirement <i>(# of IP's Now)</i>	Purpose
Sharedband Username		
Net Name <i>(i.e. Head Office, City)</i>		
Description of Network <i>(Include Equipment / Platforms etc)</i>		
Please use additional blank pages as necessary.		
Will you be returning address space? (i.e. to an old ISP): Yes / No (delete as applicable) If Yes , please give details below:		
Request By		
Signed		

Authorisation <i>(Internal Use Only)</i>			
Authorised By	Print Name	Signature	Date
Netblock Info			RIR Request Completed On
			RIR Request Completed By
Ticket Number:			