

IP Justification Form



48 Bi-State Plaza #185
Old Tappan, NJ 07675
United States of America

When requesting an IP block in excess of a /28, we require this form to be completed to show justification. Please complete this form and fax or email back to us.

Date: _____

Account Number: _____

Account Name: _____

Person Requesting: _____

Email Address: _____

Contact Phone: _____

Number of IP's requested: (Please Circle One, Or Specify Another Amount Below)

/27 (27 usable)

/26 (59 usable)

/25 (123 usable)

/24 (250 usable)

Other: _____

Existing IP Allocations. Please list all IP allocations currently issued to your organization, either from a RIR, ourselves, or another upstream provider. Indicate who has allocated your IPs as well.

Assigned IP Allocations. List the amount of addresses issued to customers. Alternatively, provide a list of subnets allocated to customers.

Type of Service: Indicate the number of IP addresses that utilize each type of service listed below.

Network Address:

Broadcast Address:

Subnet Address:

VRRP/HSRP Address:

Loopback/Router Addresses:

Physical Server:

Workstation:

Shared WWW:

SSL/SEO (Dedicated WWW):

Mail Services:

DNS Services:

FTP Services:

Database Services:

VPN:

Other:

Growth Projections: Indicate the number of IPs you believe you will require for the services noted below in 3 months, 6 months and 12 months:

	3 Months:	6 Months:	12 Months:
Network Address:			
Broadcast Address:			
Subnet Address:			
VRRP/HSRP Address:			
Loopback/Router Addresses:			
Physical Server:			
Virtual Server:			
Workstation:			
Shared WWW:			
SSL/SEO (Dedicated WWW):			
Mail Services:			
DNS Services:			
FTP Services:			
Database Services:			
VPN:			
Other:			

Print Name: _____

Signature: _____

Date: _____