Wireless Service Request

CMS ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

IWIN Illinois Wireless Information Network

Department Information

1 Department Name

2 Department Address

3 NCIC Primary ORI (for LEADS access only)

Billing Information

4 Accounting Unit # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

5 Billing Contact Name Telephone

6 Establish New Accounting Unit #

☐ Yes, complete billing information in boxes 5 and 7

FEIN # ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ No

7 Billing Address

IWIN Coordinator

8 IWIN Coordinator Name

9 IWIN Coordinator Address *(Software will be shipped to this address)*

10 Telephone

11 Fax

12 Internet email address

* State Agencies Only *

13 Telecom Coordinator Name

14 Telecom Coordinator Telephone

Terms and Conditions

Use of the IWIN network is strictly for official business only. CMS reserves the right to monitor any traffic on the network and notify offending agencies of any improprieties found. CMS imposes no restrictions on authorized usage of the IWIN network as long as usage is within the guidelines of the CDMA plan subscribed too.

Each IWIN agency is required to designate an agency IWIN Coordinator. The coordinator will be the primary interface between IWIN and the agency in matters pertaining to service and equipment orders, reporting trouble calls, attending all IWIN related informational sessions and meetings, receiving messages sent to IWIN coordinators via IWIN, and ensuring all IWIN users are aware of and adhere to the IWIN policies and procedures as well as any other duties defined in the IWIN Coordinator Responsibilities document.

For a copy of the official IWIN Coordinator Responsibilities or the IWIN Policies and Procedures please refer to the BCCS website/IWIN page at http://bccs.illinois.gov/BCCScatalog/Communicationsservices.htm

15 Chief Administrator / Telecom Coordinator Name

16 Title of Chief Administrator / Telecom Coordinator

17 *I agree to the terms and conditions listed on this form.*

Chief Administrator / Director Signature _____

Date _____

18 Control # _____

Emergency CDC _____

CMS Use Only

P.O. # _____

Activation Date _____

Software Shipped Date _____

Version _____

User Reg. _____

Fax IP List _____

Date Received

ISP Use Only

CDC _____

ORI _____

CDC Entry Date _____

Date Received _____

LEADS Agreement: ( ) On-file ISP ( ) Attached

Customer Service Center at 1-800-366-8768 with any questions.

Revised 5/5/09