



United States Department of the Interior  
U.S. Fish and Wildlife Service



**Internet Service Provider (ISP) Reimbursement Agreement**

**Between**

**Division of Information Technology Management, Branch of  
Communication Technology (ITM/BCT)**

**And**

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USE THIS FORM FOR NEW ISP CONNECTIONS OR CHANGES TO EXISTING CONNECTIONS

Date:

Is this a new ISP connection, or a change to an existing connection?

New      Change

Site Information:

Organization Code:

Site Name:

Site Contact Name:

Number:

Technical Contact Name:

Number:

Street Address:

City:

State:

Zip Code:

How many users at this location?

How many servers are at this location?

What are the server names?

Internet Service Provider Information:

\*Some information may not be available until service is ordered.

ISP name:

ISP-provided equipment:

Brand:

Model:

\*Static IP address:

\*Subnet Mask: . . .

\*Default Gateway: .

\*Primary ISP DNS address:

\*Secondary ISP DNS address: . . .

Date of installation:

Type of Connection:

DSL    Cable Modem    Satellite    Frame Relay    ISDN    DTS    Dialup    Wireless

Speed of Connection:

Upload:                      Download:

Fees:

Apply one-time equipment fees to charge number:

Monthly recurring cost of service:                      /month

Comments:

<b>BCT Use Only</b>	
Approved by: _____	FY04 Amount Approved: _____
Chief, Branch of Communication Technology	

**NOTE:** *If your site chooses not to go forward with this installation, please return this form to [isp@fws.gov](mailto:isp@fws.gov) with a statement indicating that you are canceling this reimbursement request.*