University of Tennessee  
Office of Information Technology  

Request for LONG TERM Use of Internet Routable Multicast Address

Applicant Name: _______________________________________________________________

Email Address: _________________________________________________________________

Campus Office Address: _________________________________________________________

Campus Phone Number: _________________________________________________________

Department: ___________________________________________________________________

Responsible Account Number: ____________________________________________________

Project Description/Need for Routable Multicast Address: (including IP number of hosting machine)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Projected term of use for Routable Multicast Address: __________________________________
______________________________________________________________________________

Terms of Use: Any Internet Routable Multicast Address granted via this request remains under the sole administrative domain of the Office of Information Technology, (OIT). Initial granting of an address does not imply or guarantee a permanent assignment of an address to the requestor. All applications will be reviewed, and applicants will be contacted as to the status of their request within 5 business days. All applications will be reviewed annually, and applicants will be contacted as to the status of their project and any continued need or use of an Internet Routable Multicast Address. Should the OIT need to reclaim the granted address prior to the normal review date, for any reason, a reasonable effort will be made to contact and inform the applicant so as to minimize the impact on the applicant’s project or need.

Applicant’s Signature __________________________________________   DATE: __________

OIT Use Only:

Approval ____________________________________________________   DATE: __________

Address Number Assigned: ______________________