



VENDOR PUBLIC IP ADDRESS REQUEST FORM

STEP 1: Complete the table below

STEP 2: Send the information to info@guestlinx.com with the subject static IP request

STEP3: We will respond within 24-48 hours

STATIC IP ALLOCATION FORM-FILL THIS OUT	
HOTEL NAME	
VENDOR NAME	
VENDOR CONTACT INFORMATION	
DESCRIPTION AND USE OF DEVICE	
WIRED OR WIRELES	
MAC ADDRESS OF DEVICE	
WILL YOU NEED REMOTE ACCESS	
MINIMUM SPEED REQUIRED EXPRESSED IN Mbps	
LOCATION OF DEVICE	
NOTES	
BELOW RESERVED FOR OUR NOC	DO NOT FILL OUT THE PORTION BELOW
TICKET NUMBER	
IP ADDRESS	
SUBNET MASK	
DEFAULT GATEWAY	
PRIMARY DNS	
SECONDARY DNS	
NETWORK CLOSET	
SWITCH NUMBER	
PORT NUMBER	
NOTES	

NOTE** If more than one IP Address is required fill out and return one form per device.