

Date:

REQUEST FORM FOR A VIRTUAL MACHINE (VM) MANAGEMENT I&CT Department Infrastructure Division

1.	Requested by Name & P-No:	
2.	Email Address: (Department & Conta	ct):
3.	Request Type: □VM Creation □VM Updating	□VM Deletion
4.	Publish: □Internet □Intranet	
5.	Hostname of VM:	-
6.	Specify the Services or URL on the requested VM:	
	□FTP/SFTP □HTTP/S □DB □Others	
7.	Please Specify configurational Requirements:	
	RAM:OS:_	
	Others:	
8.	Purpose of Request	
9.	Importance/Severity of Service: □Critical □Moderate □Normal	
10	. Backup requirement: Yes / No	
	If yes please Specify Backup details	
	Database:Directory:	
	Frequency:Retention:	
Declaration		
I/We shall use the computing resources provided to me/us in accordance to PIA IT Policy.		
	-	User's Signature
Recommended/Not-Recommended		
Remarks		
	Stamp of recommending Authority	
	For DC Admin Use only	
Permitted/Not Permitted		
COLLE	rks	DGM Data Center
VM c	reation dateVM lease termination date	
No of	CPU, RAM (GB), DISK (GB), IP	