



Non-MSU Domain Request Form

Domain Requested: (e.g. name.org or name.com)

Requesting Entity:

Name: _____

Address: _____

Telephone Number: _____

Billing Address: _____

*A billing address is necessary for processing of the \$50 annual fee and any other associated charges pursuant to MSU Operating Policy OP 30.05.

Contact Person Within Requesting Entity:

Name: _____

Telephone Number: _____

Email Address: _____

Statement of Purpose of Entity:

Domain Name to IP Address Mapping: _____

Estimate of Size of Site and Level of Usage of Site:

Requestor's Signature: _____ **Date:** _____

Requestor's Name (Please Print): _____

Sponsoring MSU Dept Head Signature: _____ **Date:** _____

Sponsoring MSU Dept Head Name (Please Print): _____

For Help Desk Use Only

Ticket Number