

IP Justification Form

Comcast conforms to the North American IP Registry (ARIN) policies regarding IP address allocation. As part of its standard service, Comcast will assign up to eight IP addresses for customer use on their local area network (LAN). Customers can use this form for initial assignments and additional augments. Comcast requires a written justification form for any IP address blocks requested so that we can demonstrate to ARIN that IP addresses allocated to Comcast, or any underlying providers, are being used efficiently.

Per ARIN guidelines (<http://www.arin.net/intro.html>), organizations will be assigned address space based on immediate utilization plus three month and six month projected utilization. Organizations must exhibit a high confidence level in their three month and six month utilization rate and supply documentation to justify the level of confidence.

If you have any questions about the IP assignment policy or process, please refer to ARIN's IP Address Assignment Policy and Procedures, and RFC 2050 that can found at <ftp://www.arin.net/rfc/2050.txt>.

Please complete the following form and submit it to your Comcast sales representative.

Customer Site

Location	Guerrera's Pizza Kitchen	1
Street	438 PLEASANT VALLEY DR	2a
Rm/Ste/FI	Suite 1	2b
City,State Zip	Conshohocken,PA 19428	2c
Phone #	(215) 286-3276	2d

Technical Contact

Name(First Last)	Robert Guerrero	3a
Title		3b
Phone #	(215) 286-3276	3c
Email	robert_guerrera@cable.comcast.com	3d

Note: If more than one domain, use first domain registered.

4. Domain _____

5. Do you have previously assigned addresses from Yes No

5b. If yes, what addresses were _____

6. Number of IP addresses requested/needed within 6 13 **Note: If your organization already has IP space assigned, you must utilize 80% before applying for**

7. Use the following Network Table to describe your IP assignments within the next six **THIS IS REQUIRED**

IP Number	IP Address (If known)	Below, provide a description of use for each IP requested
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

I verify that I am authorized to represent the organization below and that the above information is true and correct. I understand that Internet Protocol Version 4 address space is limited and that users of the Internet are responsible for conserving address space and ensuring that space is utilized efficiently.

Print Name _____ Title _____

Organizatio Guerrera's Pizza Kitchen Phone #(day) (215) 286-3276

Email robert_guerrera@cable.comcast.com Fax _____