| **Office of Administration / Office for Information Technology [OA/OIT]**  **OPD-SYM010a Blackout / Freeze Form, November 2013** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information**  **For completion by the requester and e-mailed to the ra-oanetworkchange@pa.gov**  **Prior to the start of the requested Blackout / Freeze Window.** | | | | | | | | | |
| **Date** | | | | | **Requesting Agency, Commission, Council or Service Provider** | | | | |
| Click here to select a date. | | | | | Enter requesting organization / company name. | | | | |
| **Primary and Secondary Contacts** | | | | | | | | | |
| **Contact Name** | | **Contact Telephone Number** | | | **Contact Cell Phone Number** | | | **Contact Internet E-Mail Address** | |
| Enter Primary Contact’s full name. | | Enter Primary Contact’s Telephone number. | | | Enter Primary Contact’s Cell Phone Number. | | | Enter Primary Contact’s Internet e-mail address. | |
| Enter Secondary Contact’s full name. | | Enter Secondary Contact’s Telephone number. | | | Enter Secondary Contact’s Cell Phone Number. | | | Enter Secondary Contact’s Internet e-mail address. | |
| **TIMELINE** | **Start Date** | | | **Start Time** | | | **End Date** | | **End Time** |
| **Blackout / Freeze Window** | Click here to select a date. | | | Click here to select a time. | | | Click here to select a date. | | Click here to select a time. |
| **Select from a limited blackout / freeze or a comprehensive blackout / freeze.** | | | | | | Click here to select the type of blackout / freeze being requested. | | | |
| **DESCRIPTION OF REQUEST** | | | | | | | | | |
| Enter all services potentially impacted by maintenance scheduled during this Blackout / Freeze Window.  If the request is specific to a known infrastructure path or service, describe the path or details. | | | | | | | | | |
| **OA/OIT reserves the right to approve and implement change/s that do not impact the service defined herein. The above contact/s will be consulted if a change could potentially impact the service defined herein.** | | | | | | | | | |
| **The section below is for completion by the Functional and Enterprise Change Managers**  **OA/OIT**  **Functional Change Management and Enterprise Change Management Approval** | | | | | | | | | |
| **Services** | | | Enter all service areas, including network infrastructure and applications to which no service impacting maintenance is to be performed during this Blackout / Freeze. | | | | | | |
| **Approval Recommendation** | | | Click here to select an approval recommendation. | | | | | | |
| **Date** | | | Click here to select a date. | | | | | | |
| **Comments** | | | Enter all comments, conditions and previously scheduled maintenance that will proceed as scheduled. | | | | | | |