

Metro Ethernet Circuit Order Form (TEX-AN)



Before ordering service go to: <https://dir.texas.gov/communications-technology-services/tex-voice-and-data-vendor-contracts> and review the contracts and pricing. Call 877-472-4848 Option 4 for assistance.

Customer agrees to abide by the applicable terms and conditions of the vendor's communications technology services agreement and the related customer services agreement for the services. (This box must be checked for order issuance.)

Send completed order form with the vendor price quote to: telecom.solutions@dir.texas.gov

1) Customer Account Information			
Account Code	Click here	Division Code	Click here
Account Name	County of Galveston	Division Name	Click here
Order Submitted By	Chris Martinez	Phone Number	409-766-2216
Email Address	Chris.Martinez@galvestoncountytexas.gov		
Date of this Request	6/9/2026	Requested Due Date	6/10/2026
Expedite Request	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes*	*If Yes is checked, customer agrees to pay expedite charges.	

2) Type of Request – Select One			
<input checked="" type="checkbox"/> Install New Metro Ethernet Circuit – Go to Section 3			
<input type="checkbox"/> Change Existing Circuit – What are you changing? <input type="checkbox"/> Location <input type="checkbox"/> Division <input type="checkbox"/> Port Speed <input type="checkbox"/> Other			
Explain the change you are requesting Click here			
<input type="checkbox"/> Add New Location	Existing network: CKR	Click here	Circuit ID Click here
<input type="checkbox"/> Change Location	Existing network: CKR	Click here	Circuit ID Click here
<input type="checkbox"/> Add Multiple Locations	Existing network: CKR	Click here	Circuit ID Click here
<input type="checkbox"/> Change Access Speed	Current Access Speed	Click here	New Access Speed Click here
<input type="checkbox"/> Change Port Speed	Current Port Speed	Click here	New Port Speed Click here
To disconnect a circuit, use the Disconnect Circuit Order Form found here: https://dir.texas.gov/resource-library-item/disconnect-circuit-order-form			

3) Provider	
<input type="checkbox"/> AT&T DIR-TELE-CTSA-002	<input type="checkbox"/> Charter DIR-TELE-CTSA-009
<input type="checkbox"/> CenturyLink (Lumen) DIR-TELE-CTSA-004	<input checked="" type="checkbox"/> Comcast DIR-TELE-CTSA-010
<input type="checkbox"/> Granite DIR-TELE-CTSA-012	<input type="checkbox"/> NWN DIR-TELE-CTSA-014
<input type="checkbox"/> Verizon DIR-TELE-CTSA-015	<input type="checkbox"/> Windstream DIR-TELE-CTSA-016
Term Agreement	<input type="checkbox"/> No Term <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input checked="" type="checkbox"/> 36 months <input type="checkbox"/> Other Click here

4) Circuit Information – New Install	
Access Speed	<input type="checkbox"/> 10M <input type="checkbox"/> 100M <input type="checkbox"/> 1G <input type="checkbox"/> 5G <input type="checkbox"/> 10G <input type="checkbox"/> 20G <input type="checkbox"/> Other Click here
Connection Type	<input type="checkbox"/> Point to Point <input checked="" type="checkbox"/> Point to Multi-point
Service Type-AT&T	<input type="checkbox"/> ADE* <input type="checkbox"/> ASE* *AT&T Technical Questionnaire is required for the order to be placed
Port Speed	<input type="checkbox"/> 1.5M <input type="checkbox"/> 2M <input type="checkbox"/> 4M <input type="checkbox"/> 5M <input type="checkbox"/> 8M <input type="checkbox"/> 10M <input type="checkbox"/> 20M <input type="checkbox"/> 30M <input type="checkbox"/> 40M

<input type="checkbox"/> 50M	<input type="checkbox"/> 60M	<input type="checkbox"/> 70M	<input type="checkbox"/> 80M	<input type="checkbox"/> 90M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	<input type="checkbox"/> 300M	<input type="checkbox"/> 400M
<input type="checkbox"/> 500M	<input type="checkbox"/> 600M	<input type="checkbox"/> 1G	<input type="checkbox"/> 5G	<input type="checkbox"/> 10G	<input type="checkbox"/> 20G	<input type="checkbox"/> Other Click here		

5a) Location 1 – Address and Contact Information

Location Name	Click here	Building Name/Number	Click here
Street Address	Click here	City, State, ZIP	Click here
Cross Street – Street names of nearest intersection	Click here		
Floor and/or Room Number	Click here		
Provide Primary and Alternate Contacts for Location 1 where the service is being installed or changed.			
Primary Name	Chris Martinez	Alternate Name	Stan Heerboth
Primary Phone	409-766-2216	Alternate Phone	409-765-2646
Primary Cell	Click here	Alternate Cell	409.392.7913
Primary E-mail	Chris.Martinez@galvestoncountytexas.gov	Alternate E-mail	Stan.Heerboth@GalvestonCountyTX.gov
Access Speed	Click here	Port Speed	Click here
Connection	<input type="checkbox"/> Electrical <input type="checkbox"/> Optical		

5b) Location 1 – Connection, Handoff, Power, etc.

Complete this section for Charter and Lumen. AT&T-Complete a Technical Questionnaire and skip this section.

Type of Handoff	<input type="checkbox"/> Copper	<input type="checkbox"/> Fiber	If Fiber <input type="checkbox"/> Single-Mode	<input type="checkbox"/> Multi-Mode
			If Fiber <input type="checkbox"/> LC connector	<input type="checkbox"/> SC Connector
Type of Power (If new equipment is being installed)	<input type="checkbox"/> AC Power		<input type="checkbox"/> DC Power	
Duplex Mode	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> Auto	
Will you need Lumen to extend the dmarc?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	
If Yes for dmarc extension	Floor Number	Click here	Suite Number	Click here
If LOA is needed, who is the Third-Party Provider/Vendor?	Click here			
(Lumen orders only) Multiplex or Transparent Mode	<input type="checkbox"/> Multiplex		<input type="checkbox"/> Transparent	
Multiplex requires VLAN tag(s). Specify VLAN tag(s) you will send across this circuit	Click here			
Existing HUB Circuit ID	Click here			

6a) Location 2 – Address and Contact Information

Location Name	Click here	Building Name/Number	Click here
Street Address	Click here	City, State, ZIP	Click here
Cross Street – Street names of nearest intersection	Click here		
Floor and/or Room Number	Click here		
Provide Primary and Alternate Contacts for Location 2 where the service is being installed or changed.			
Primary Name	Click here	Alternate Name	Click here
Primary Phone	Click here	Alternate Phone	Click here

Primary Cell	Click here	Alternate Cell	Click here
Primary E-mail	Click here	Alternate E-mail	Click here
Access Speed	Click here	Port Speed	Click here
Connection	<input type="checkbox"/> Electrical <input type="checkbox"/> Optical		

6b) Location 2 – Connection, Handoff, Power, etc.

Complete this section for Charter and Lumen. AT&T-complete a Technical Questionnaire and skip this section.

Type of Handoff	<input type="checkbox"/> Copper <input type="checkbox"/> Fiber*	*If Fiber <input type="checkbox"/> Single-Mode <input type="checkbox"/> Multi-Mode *If Fiber <input type="checkbox"/> LC connector <input type="checkbox"/> SC Connector
Type of Power (If new equipment is being installed)	<input type="checkbox"/> AC Power <input type="checkbox"/> DC Power	
Duplex Mode	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Auto	
Will you need Lumen to extend the dmarc?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes for dmarc extension	Floor Number	Click here
	Suite Number	Click here
If LOA is needed, who is the Third-Party Provider/Vendor?	Click here	
(Lumen orders only) Multiplex or Transparent Mode	<input type="checkbox"/> Multiplex <input type="checkbox"/> Transparent	
Multiplex requires VLAN tag(s). Specify VLAN tag(s) you will send across this circuit	Click here	
Existing HUB Circuit ID	Click here	

7) Remarks – Provide any special requests and additional information.

Please see the Multi-Site Bulk Order Form

Account Name:	County of Galveston				
DIR Project Note:					
Agency/Division Code:					
Order Type	Type of request	Circuit Type	Circuit / Access Speed	Port Speed	Circuit
Metro - E	Install	ENS (Point to Multi Point)	100Mbps	1000Mbps	New

	Vendor:	Comcast Busines
	Order submitted by:	Kenneth Orlaska
Hand- off type	Location Name	Service Address Loc A
Copper	County of Galveston	6607 EMMETT F LOWRY EXPY, TEXAS CITY, TX 77591

			Phone	
			Email	
				Alternate Name
				Alternate Phone

