




**LOURDES A. LEON GUERRERO**  
Governor, Maga'håga'

**JOSHUA F. TENORIO**  
Lt. Governor, Sigundo Maga'låhi

# FIREWALL EXCEPTION REQUEST

<b>1. Date:</b>		<b>2. Requested Service Date:</b>		<b>3. Agency #:</b>	
<b>TO:</b>  <b>FRANCISCO L.G. LUJAN, Jr.</b> <i>Chief Technology Officer</i> <b>OFFICE OF TECHNOLOGY</b> <b>GovGuam Data Center</b> 211 Aspinall Avenue Hagatña, Guam 96910		<b>4. Requestor/Technical Contact:</b>			
		Name:			
		Job Title:			
		Phone:	Mobile:	Fax:	
		Email:			
<b>5. User Agency Information:</b>			<b>6. Exception Request Type:</b>		
Department/Agency:			<input type="checkbox"/> Access Website		
Division:			<input type="checkbox"/> Access Email Service Provider (ESP)		
Branch/Bureau/Section:			<input type="checkbox"/> Open FTP		
			<input type="checkbox"/> Open Port, Specify Port# _____		
			<input type="checkbox"/> OTHER, Specify: _____		
<b>7. Exception Request Details:</b> List website(s), ESP(s), port Numbers, FTP site and other information for exception request					
Duration needed for exception request:					
<b>8. Request for Personnel:</b> List all personnel requiring exception (attach additional sheets as needed)					
<b>Name</b>		<b>Position Title</b>		<b>Email Address</b>	
<b>Work Phone</b>					
<b>9. Purpose/Justification:</b> Provide a brief business justification narrative clarifying the Government business requirement for exception request. Attach additional sheets/documents as needed to support request.					
<b>10. Required Agency Approvals:</b> (Note that the request will not be completed without clearly printed Agency Names and Signatures)					
		Print Name		Signature	
		Date			
<b>Employee's Immediate Supervisor</b>					
<b>Employee's Branch/Bureau Manager</b>					
<b>Agency Director</b>					
<b>11. DISCLAIMER:</b> The Office of Technology implements tightly regulated controls and protocols to help prevent pervasive and dangerous cyberattacks into the Government of Guam network. I understand that this request is a potential security vulnerability and that access is granted for the purpose of conducting official Government of Guam business. I understand that this request will be provisioned based on the purpose and justification aforementioned above. I also understand that this request is valid for a period of one year or the duration required to perform and fulfil my Government duties and responsibilities and that it is my responsibility to file an extension to this request, if need be. Misuse of this request will be cause for disciplinary actions. I acknowledge this disclaimer notice by signing below.					
<b>Requestor Signature:</b>			<b>Date:</b>		
<b>12. OTECH Approvals: To be completed by OTECH personnel</b>					
<b>Received and Reviewed by (print name):</b>			<b>Signature:</b>		<b>Date:</b>
<b>CTO Review:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RETURNED			<b>Signature:</b>		<b>Date:</b>
<b>13. OTECH Processing: To be completed by OTECH</b>					
Adr Obj Name:		Zone:	Type:	Details:	
Adr Obj Group:		Access Rule:		Acc Rule GeolP Allow:	
Additional Notes/Comments:					
Created By:		Signature:		Date:	