



Remote Access Request - Information and Instructions

- Please review the minimum hardware and software requirements. You must have the proper software and hardware configuration or access may not be achieved.
- Changes in employment or department will result in your access being shut off.
- Inactivity (no access in 60 days) may result in your access being shut off.
- Note all of the required information. Requests omitting required information will be rejected.
- Originals are required. If you send the form via fax, please mail the original as soon as possible.
- Reactivation is considered to be a new application and all rules and fees are applied as such.

County Users:

All information is required on Page 1 and Page 2. Note: For Managerial Approval, the Department Name and Billing Number must be provided and at least one Manager must provide their Name, Phone number and Signature, although a department can require additional levels of approval.

Contractors:

All information is required on Page 1 and Page 2. Note: For Managerial Approval, the Department Name and Billing Number must be provided and at least one Manager must provide their Name, Phone number and Signature, although a department can specify if they would like additional levels of approval.

All information is required on Page 3. Use Page 5 to detail the Servers/Subnets to which the Contractor will require access.

Vendors:

All information is required on Page 1 and Page 2. Note: For Managerial Approval, the Department Name and Billing Number must be provided and at least one Manager must provide their Name, Phone number and Signature, although a department can specify if they would like additional levels of approval.

All information is required on Page 3. Use Page 5 to detail the Servers/Subnets to which the Vendor will require access.

Site-to-Site VPN:

All information is required on Page 1, Page 4 and Page 5.



COUNTY OF SAN MATEO
DEPARTMENT OF INFORMATION SERVICES
Remote Access User Request

1 Request Type: New Change * Delete *

* If termination or transfer, please provide the Effective Date: _____ Effective Time: _____

1 Access Type: Client VPN Remote Control (Citrix) Site to Site VPN

Requires Static IP. Justification: _____

User/Contact Information

User's name (First Mi. Last) _____

User's Email _____

User's work phone number _____ 2 User's alternate phone number _____

User Status: County User Contractor Vendor (Non County Employee's need Contactor / Vendor Request Page)

* Installation option: **See Billable Charges.** Self Install On Site House Call

Billable Charges

Remote Access account setup is a billable service. Account set-up is \$100 per user. Users are provided with full instructions on how to install, configure the VPN client (and the Citrix Remote Control client). Telephone installation support is available during normal working hours. Site-to-Site set-up is \$400 per site. Installation services are also available for an additional charge. The charges are: ① PC Setup (on site) \$100 per PC ② PC Setup (house call) \$400 per PC. Post installation support is available on a time and materials basis. ISD also offers Remote Control services for users via a Citrix server. Setting up the individual user's account on the Citrix server generally requires telephone consultation between the user and Citrix administrator. Initial consultation is provided without cost. ISD installation of the Citrix software is available to users at the PC Setup rates listed herein.

General

The minimum requirement for a remote access workstation is computer running Windows XP, MAC OS X or above. All workstations must have working internet connectivity, as well as virus protection and a firewall. Installation and configuration of VPN software is the responsibility of the user and/or user department. Remote Access accounts which have not been used for 90 days may be closed. The cost to reestablish closed accounts is the same as for a new account setup.

Account Status

It is the responsibility of the requesting **department manager** to advise the ISD Help Desk of any change in status for all remote-access users within their charge.

User's Acceptance of Conditions:

By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Email Policy <http://intranet/Intranet/IntranetHome/Policies%20and%20Standards/email.htm>
- Information Technology Security Policy <http://intranet/Intranet/IntranetHome/Policies%20and%20Standards/security.htm>
- Internet Usage Policy http://intranet/Attachments/Intranet/Policies/internet_usage_policy.pdf
- Patch Management Policy http://intranet/Intranet/IntranetHome/Policies%20and%20Standards/patch_management.htm
- Portable Computing Policy http://intranet.co.sanmateo.ca.us/Intranet/IntranetHome/Policies%20and%20Standards/portable_computing.htm
- Privacy Policy <http://intranet/Attachments/Intranet/Policies/SmcPrivacyPolicy.pdf>

I understand that every user is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure, theft, damage or destruction. I also understand that it is my responsibility to protect all of my passwords from being disclosed and to refuse to use any other user's password. All passwords must be changed at least every sixty (60) days. The webpage for password management is <http://security1.co.sanmateo.ca.us> . This web page is inside the County on the intranet. Users must take steps to insure physical security and protection from theft, damage or unauthorized use. Users are required to terminate connections to the County network when workstations are unattended.

Users's Signature: _____ Date: _____



**COUNTY OF SAN MATEO
DEPARTMENT OF INFORMATION SERVICES
Remote Access User Request**

****** Security Questions - pick two of the following and provide your answers ******

1

- ① What is your pet's name? _____
- ② Who was your childhood hero? _____
- ③ What is your favorite past-time? _____
- ④ What is your all-time favorite sports team? _____
- ⑤ What was your high school mascot? _____
- ⑥ What make was your first car or bike? _____
- ⑦ Where did you first meet your significant other? _____

Additionally, please identify the following about your home computer setup 1

Operating System: XP Win7 Win8

Firewall Installed? Yes

Firewall Software (name) _____ Firewall Hardware (name) _____

(Software firewalls may need to be updated to allow VPN traffic.)

Virus protection software? Yes What software and version _____

Is your virus protection software maintained? (Automatic virus definition file updates) Yes No

Are you running a local network? Yes No If yes, what IP address scheme are you using (ie. 192.168.x.x-255) _____

(10.x.x.x and 172.x.x.x IP Address schemes may conflict with the County's IP Addressing.)

Are you using proxy services? Yes No If yes, what service are you running (Microsoft, etc.) _____

(Proxy may prevent VPN from working.)

Managerial Approval 1

Department Name, **Billing Number**: _____

Approving Manager's Name, Phone Number: _____

Approving Manager's Signature: _____ Date: _____

Billing Manager's Name, Phone Number: _____

Billing Manager's Signature: _____ Date: _____

IT Manager's Name, Phone Number: _____

IT Manager's Signature: _____ Date: _____

Internal ISD use only:

Received by: _____ Date: _____

Approved Rejected By: _____ Date: _____

Entered by: _____ Date: _____

User's logon: _____ User's Password: _____ User's Group: _____

User's IP Address: _____ Returned to user by: _____ Email date: _____

1 **Required fields. If not completed, form will be returned to requestor.**

2 **Required field for Teleworkers (at home telecommuters)**



**COUNTY OF SAN MATEO
DEPARTMENT OF INFORMATION SERVICES
Remote Access Contractor/Vendor Request**

Add to existing group. Name: _____ (Initial Group Name will be generated by Remote Admin.)

Password Management

Contractor / Vendor password to be managed by: County Contractor / Vendor (Subject to County Information Technology Security Policy)

Contractor Information

1 Project Manager's Name: _____ Phone: _____

1 Project Manager's Email Address: _____

1 Project Manger's Signature: _____ Date: _____

1 Contractor Company Name: _____

1 Project Name: _____

1 Project Start Date: _____ Project End Date: _____

1 Contractor Contact's Name: _____ Phone: _____

1 Contractor Contact's Email Address: _____

1 Contractor Contact's Signature: _____ Date: _____

1 **Purpose:**

Vendor Information

1 System Support Analyst's Name: _____ Phone: _____

1 System Support Analyst's Email Address: _____

1 Vendor Company Name: _____

1 System Name: _____

1 Support Contract Start Date: _____ Support Contract End Date: _____

1 Vendor Contact 's Name: _____ Phone: _____

1 Vendor Contact's Email Address: _____

1 Vendor Contact's Signature: _____ Date: _____

1 **Purpose:**

Select one option for each item below. If no selection, the defulat value (*) will be used.

Domain Non County * County (co.sanmateo.ca.us) Other -

Primary DNS Non County * County (10.35.245.25) Other -

Secondary DNS Non County * County (10.35.245.35) Other -

Primary WINS Non County * County (10.35.245.25) Other -

Secondary WINS Non County * County (10.35.245.35) Other -

Access Times 7/24 * 5/10 (M-F, 8-6) Other -

Access Points (One or more) RWC 5300 HSA 5300 VPN *

These choices impact name resolution of Non County computer names and County computer names. The Default (*) is not to provide name resolution service. If implemented, Vendor/Contractor will need to use IP Address of County resource or implement Vendor/Contractor support for name resolution solution.



**COUNTY OF SAN MATEO
DEPARTMENT OF INFORMATION SERVICES
Remote Access Site-to-Site Request**

Details and Approval,

Project / Purpose: _____
 Project Start Date: _____ Project End Date: _____
 Department Name, **Billing Number (Project Code)**: _____
 Approving Manager's Name, Phone Number: _____
 Approving Manager's Email Address: _____
 Approving Manager's Signature: _____ Date: _____

Customer Contact Information,

Customer Company Name: _____
 Primary Contact's Name: _____ Contact Hours: _____ Phone: _____
 Primary Contact's Email Address: _____ Cell Phone: _____
 Secondary Contact's Name: _____ Contact Hours: _____ Phone: _____
 Secondary Contact's Email Address: _____ Cell Phone: _____

Technical Information,

	Customer	County
VPN Device Type:		Cisco ASA 5540 VPN Concentrator
Firewall Device Type:		
IPSEC SA IP Address:		204.114.51.99

Pre-Shared Key: (Do Not Document In This Form):

Encryption: ESP/AES-256-SHA1 or ESP/AES-128-SHA1 (Preferred and default)

Diffie-Hellman Group 2

:

Internal ISD use only:

NAT Pool: Remote County

IP Conflict Assessment:

Approved Rejected Reason: _____

Route Conflict Assessment:

Approved Rejected Reason: _____

Security Conflict Assessment:

Approved Rejected Reason: _____

Received by: _____ Date: _____

Group Assignment: _____

Entered by: _____ Date: _____

Returned to customer by: _____ Email date: _____



**COUNTY OF SAN MATEO
DEPARTMENT OF INFORMATION SERVICES
Remote Access Contractor/Vendor/Site-to-Site Request**

Access Request (Internal systems the Contractor/Vendor/Site-to-Site is permitted to access)

Vendor/Contractor or Site-to-Site Name: _____

Group Name (if change or delete): _____

Host / Subnet Remote / County (IP Address)	Add Delete	Protocol (Full/TCP/UDP/Other) <small>(For full, provide justification below.)</small>	TCP/UDP Port	Notes
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One add/delete per line. If amending a group, request a current copy from the Remote Access Admin.

Remote	County				

Comments:

Internal ISD use only:

Group Name: _____

Received by: _____ Date: _____

Entered by: _____ Date: _____