

Louisiana Office of Telecommunications Management
Legislative Video Feed Request Authorization (OTM-19A)

Note: Submit a separate form to OTM for each individual video feed

Dept.: _____

Date Form Submitted to OTM: _____

Office: _____

Due Date Requested: _____

SERVICE INFORMATION

Requested for (Name): _____ Title: _____

Service Address: _____

Building Name: _____

Floor: _____ Room: _____

City: _____

Primary Contact: _____ Telephone: _____

Access Hours: _____ Access Days of Week: _____

Type of Service: Cox Cable Legislative Video Service. Requires one-time installation fee of \$138 and one year subscription at the rate of \$30 per month.

BILLING INFORMATION

State P.O. Number (to be completed by agency once approved by OTM): _____

Agency Billing Address: _____

Contact Name: _____

Telephone Number: _____

Fax Number: _____

Authorized Signature*: _____

**Note: Authorization required by department secretary, undersecretary, or equivalent.*

OTM Approved By: _____ Date Approved: _____

For Cox Business Services Use Only

Account: _____ Schedule Date: _____

Monthly Service Rate: _____ Installation Charges: _____

Scan and email to otmwireless@la.gov.