

**Legislative Video Feed Request Authorization Form  
(OTM-19A(Rev. 02/2005))**

**Dept.** Department requesting the service.  
**Office** Office within the department requesting the service.  
**Date Form Submitted to OTM** Date agency submitted form to OTM for authorization.  
**Due Date Requested** Date service is requested to begin (furnished by agency).

**SERVICE INFORMATION**

**Requested for (Name)** Name of person for whom service is requested.  
**Title** Title of person for whom service is requested.  
**Service Address** Physical address for service installation.  
**Building Name** Name of building where service is to be installed.  
**Floor** Floor number where service is to be installed.  
**Room** Room number where service is to be installed.  
**City** City where service is to be installed.  
**Primary Contact** Name of primary agency contact person.  
**Telephone** Telephone number for primary agency contact person.  
**Access Hours** Business hours of the office where service is to be installed.  
**Access Days of Week** Days of week office is accessible.

**BILLING INFORMATION**

**State P.O. Number** Purchase order number furnished by agency once authorization for service has been approved by Legislature and OTM.  
**Agency Billing Address** Mailing address for agency for billing purposes. Include billing address, city, state and zip.  
**Contact Name** Name of agency contact person for billing purposes.  
**Telephone Number** Telephone number of agency contact person for billing purposes.  
**Fax Number** Fax number of agency contact person for billing purposes.  
**Authorized Signature** Signature of person authorized to order service. Must be signed by department secretary, undersecretary, or equivalent.  
**OTM Approved By** For OTM use only. Signature of person authorized by OTM to approve service request.  
**Date Approved** For OTM use only. Date request approved by OTM.

**For Cox Business Services Use Only** The remainder of the form is for Cox Business Service use only

For assistance in completing this form contact the OTM Messaging Section at 225-342-7735. Scan and submit the completed form to [otmwireless@la.gov](mailto:otmwireless@la.gov).