

**Instructions for Louisiana Office of Technology Services Network Services  
Communications Service Request (NS/S-1) (03/16)**

This form may be used to request telecommunications services for which there is no specific form; for example business line (non-Centrex) service.

<b>TC Approved</b>	Signature of telecommunications coordinator.
<b>Due Date</b>	Date service desired.
<b>OTS-NS Order Control No.</b>	For OTS-NS use only.
<b>Page</b>	For OTS-NS use only.
<b>OTS-NS Cost Center Number</b>	Cost center to which the services are billed.
<b>Dept.</b>	Department requesting the service.
<b>Office</b>	Office requesting the service.
<b>Section</b>	Section requesting the service.
<b>Unit</b>	Unit requesting the service.
<b>Location</b>	Street address where service is to be provided. If no address is available, describe the physical location. Include floor and room numbers. If the agency is located in a single-floor building indicate floor one (1).
<b>Main Acct. No.</b>	Main billing telephone number at the location where services are to be provided.
<b>Date</b>	Date the form was prepared.
<b>Prepared By</b>	Person who prepared the order.
<b>Contact</b>	Person OTS-NS may contact regarding the service order. This should be someone located at the site where services are being provided. This contact person may be contacted by the vendor's technician and is usually the one contacted by OTS-NS to verify that the service order has been completed.
<b>Phone No.</b>	Telephone number of the contact person.
<b>2nd Contact</b>	Second person OTS-NS may contact regarding the service order.
<b>Phone No.</b>	Telephone number of the second contact person.
<b>Describe In Detail The Services Being Requested</b>	Describe in detail the services being requested.

This form should be submitted by email to [voiceorders@la.gov](mailto:voiceorders@la.gov).