

Instructions for Circuit Service Order Form (OTM-12)(Revised 05/2011)

Note: The agencies should work closely with OTM and/or AT&T when filling out this form.

OTM Order Number	For OTM use only.
Page Number	Total number of pages.
Agency Cost Center Number	Billing cost center number to which the services are billed.
Due Date Requested	Date service desired.
Department	Department requesting the service.
Prepared By	Person filling out this form.
Office	Office requesting the service.
Date Prepared	Date the form is prepared
Primary Contact	Technical person on site to contact.
Telephone Number	Telephone number of the primary technical contact.
Email Address	Email address of the primary technical contact.
Alternate Contact	Alternate technical person on site to contact.
Telephone Number	Telephone number of the alternate technical contact.
Email Address	Email address of the alternate technical contact.
TC Approval	Signature of telecommunications coordinator (TC).
AT&T Master Billing No.	For OTM use only.
OTM FlexServe No.	For OTM use only.

SERVICE REQUESTED

Action Required Mark the appropriate box for the type of action required. For installs and disconnects, indicate master or drop location. If action is on existing service, indicate the circuit ID and earning number.

Service Required Mark the appropriate box to select Synchronet, analog, Megalink (DS1), or DS3 service. Mark the appropriate boxes to provide additional information regarding the service.

When adding/disconnecting a megalink to an existing DS3 or 28 channel system, the connecting facility assignment information should be sent on OTM-13 SmartRing Order Form along with this form.

When selecting DS3 service, mark the appropriate boxes and comply with the standard customer requirements. Listed are the standard customer requirements for fiber optic-based services.

The customer is responsible for providing the following:

- (1) suitable pathways (conduit, raceway, etc.),
- (2) electrical power for electrical equipment that may be used, and
- (3) space in the common telecom room at the customer's

premise.

These requirements must be met in order to ensure timely service provisioning.

Fill in Appropriate Information Include NPA and NNX

CUSTOMER SITE INFORMATION—MASTER LOCATION

Office	Name of the office where the circuit is located.
Building	Building where the office is located.
Floor	Floor number in the building where the circuit is located.
Room	Room number in the building where the circuit is located.
Street	Physical location of the building. Do not give a post office box.
City	City where the building is located.
Zip Code	Zip code for the physical street address given.
Contact	Contact person at the site where the service is located.
Telephone Number	Telephone number of contact person at site.
Local Telephone Number at the Location	Local telephone number at the site (if not the same as the contact person's telephone number).
Access Hours	Business hours of the office.
Jack Interface	Type of jack with which the circuit interfaces.
Additional Wiring Required to Extend Demarc	Mark yes or no.
Name of Vendor to Extend Demarc	If additional wiring wiring is required to extend demarc, indicate vendor name. If not, leave blank.
Driving Instructions if Located on a Highway or Rural Route	Driving instructions to the site. Give as much detail as possible.
Remarks	Remarks that are pertinent to completion of the service.

CUSTOMER SITE INFORMATION—DROP LOCATION

Office	Name of the office where the circuit is located.
Building	Building where the office is located.
Floor	Floor number in the building where the circuit is located.
Room	Room number in the building where the circuit is located.
Street	Physical location of the building. Do not give a post office box.
City	City where the building is located.
Zip Code	Zip code for the physical street address given.
Contact	Contact person at the site where the service is located.
Telephone Number	Telephone number of contact person at site.
Local Telephone Number at the Location	Local telephone number at the site (if not the same as the contact person's telephone number).
Access Hours	Business hours of the office.

Jack Interface Type of jack with which the circuit interfaces.

Additional Wiring Required to Extend Demarc Mark yes or no.

Name of Vendor to Extend Demarc If additional wiring is required to extend demarc, indicate vendor name. If not, leave blank.

Driving Instructions if Located on a Highway or Rural Route Driving instructions to the site. Give as much detail as possible.

Remarks Remarks that are pertinent to completion of the service.

For assistance in completing this form, call OTM Advanced Services Group at 225-342-7985 or 225-342-7751. The form should be emailed to dataorders@la.gov.