

Instructions for LSI Security Change Request Form (OTM-30)(08/07)

The LSI Security Change Request Form should be completed by the agency-authorized firewall change request authority. Sections 1–12 at the top of the page should be completed by the agency requesting modifications to the LSI firewall.

1. **Requester's Name (Printed):** Enter the name of the person making the firewall change request.
2. **Requester's Phone #:** Enter the phone number of the contact person for the request.
3. **Requester's Email:** Enter the email address of the contact person for the request.
4. **Department:** Enter the department name of the person making the request.
5. **Division:** Enter the division name of person making the request.
6. **Change Category:** Mark the change category.

A normal change request will be handled within two working days.

An emergency change request will be handled as quickly as possible. To be an emergency the change must correct a major security risk.
7. **Proposed Change Date:** Enter the date changes to the firewall should be applied. If changes do not need to be applied on a specific day leave this field blank.
8. **Requested Changes:** Enter the requested firewall rule modification information. The source address, source port and protocol, destination address, destination port and protocol, action, add/remove rule, and reason for change must be completed for each change requested. An example is provided on the form. If necessary, indicate additional requests on a blank page and attach to the form.
9. **Request/Remove Static Address Assignment for:** Under Private IP Address, enter private addresses to be translated to public addresses if needed (static translation). Leave Translated to Public Address blank. OTM will assign public addresses.
10. **Description of What You are Trying to Accomplish:** Enter a brief description of what is to be accomplished with the firewall rule change. If necessary, attach additional pages.
11. **Authorized Requester's Signature, Title:** Enter the signature and job title of an authorized agency contact. If the form is submitted by email a signature is not required, but the email must originate from an authorized agency contact's email address.
12. **Date:** Enter the date of signature.

The bottom sections of the form will be completed by LSI staff. The form can be emailed to OTM-LSI-Security@listserv.doa.la.gov. Confirmation of the completion of the requested change will be made to the requester by phone or email.