

## Instructions for AT&T Ethernet Service Order Form (OTM-38)(Rev. 11/14)

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

These are the standard customer requirements for fiber optic-based services. The customer is responsible for providing the following:

- (1) Negotiations with and obtaining approval from the building or property owner for the placement of the conduit. Intra-building conduit, if required, is provided by the customer.
- (2) Dedicated electrical power for electrical equipment that may be used, and
- (3) Space in the common telecom room at the customer's premise including appropriate rack or backboard.
- (4) Approved ground

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

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

### AT&T SERVICE REQUESTED

<b>Action Required</b>	Mark the appropriate box for the type of action required. If action is on existing service, indicate the circuit ID and earning number.
<b>Service Required</b>	Mark the appropriate box to select basic, dedicated, or premium service. Mark the appropriate box to indicate the speed. If premium service, select speed and mode.
<b>Premium Options for Network</b>	If applicable, mark the appropriate box for the required options.

<b>Mileage Component</b>	Mark the appropriate box for the mileage.
<b>AT&amp;T Switched Ethernet Services</b>	If applicable, mark the appropriate box for the required options.
<b>ASE Service Level</b>	Note selected service level—choose from, Business Data, Critical Data, Multimedia Standard, or Multimedia High.
<b>ASE Speed</b>	Note selected speed—choose from, 2Mb, 4Mb, 5Mb, 8Mb, 10Mb, 20Mb, 50Mb, 100Mb, 150Mb, 250Mb, 500Mb, 600Mb, 1000Mb, 2000Mb, 2500Mb, 4000Mb, 5000Mb, 7500Mb, 9500Mb, 10000Mb.
<b>Interface</b>	Mark the appropriate box for the interface
<b>If This is a Change to Existing Service</b>	Indicate port speed for type of service that will be changed.
<b>METRO-E SWITCH INFORMATION</b>	
<b>Office</b>	Name of the office where the circuit is located.
<b>Building</b>	Building where the office is located.
<b>Floor</b>	Floor number in the building where the circuit is located.
<b>Room</b>	Room number in the building where the circuit is located.
<b>Street</b>	Physical location of the building. Do not give a post office box.
<b>City</b>	City where the building is located.
<b>Zip Code</b>	Zip code for the physical street address given.
<b>Contact</b>	Contact person at the site where the service is located.
<b>Telephone Number</b>	Telephone number of contact person at site.
<b>Local Telephone Number at the Location</b>	Local telephone number at the site (if not the same as the contact person's telephone number).
<b>Email Address</b>	Email address of contact person at site.
<b>Access Hours</b>	Business hours of the office.
<b>Driving Instructions if Located on a Highway or Rural Route</b>	Driving instructions to the site. Give as much detail as possible.
<b>Remarks</b>	Remarks that are pertinent to completion of the service.

**CUSTOMER SITE INFORMATION**

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

**Location** contact person's telephone number).

**Email Address** Email address of contact person at site.

**Access Hours** Business hours of the office.

**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.

For assistance in completing this form, call OTM Advanced Services Group at 225-342-7751. The form should be emailed to [dataorders@la.gov](mailto:dataorders@la.gov).