

Instructions for Ethernet Agency Request for Vendor Quote Form (OTM-51)(Rev. 11/14)

Contract #	To be completed by vendor
TC Approval	Signature, or if submitted by email the name of the telecommunications coordinator approving the request
Prepared By	Name of person preparing the request, or the primary technical contact
Date	The date the form is submitted
Email	Email of the person preparing the request
Telephone Number	Telephone number of the person preparing the request
Cellular Telephone Number	Cellular telephone number of the person preparing the request
Fax Number	Fax number of the person preparing the request
Location1	Information in this section applies to the first Ethernet local area network to be connected using Ethernet
Agency/Department	Name of agency at Location 1
Street Address	Physical address of Location 1
Room/Suite	Room or suite for address of Location 1
City	City of Location 1
Zip	Zip code of Location 1
Parish	Parish of Location 1
Region	Region of Location 1 (see Regional Map in OTM Catalog of Services)
Onsite Contact	Name of person at Location 1 who can answer questions about this request
Email	Email address of the onsite contact
Telephone Number	Telephone number of the onsite contact
Service Description	Desired speeds.
Installation Cost	To be completed by vendor
Vendor Monthly Cost	To be completed by vendor
Total Monthly Cost	To be completed by vendor
Installation Interval	To be completed by vendor
Location 2	Information in this section applies to the second Ethernet local area network to be connected using Ethernet
Agency/Department	Name of agency at Location 2
Street Address	Physical address of Location 2
Room/Suite	Room or suite for address of Location 2
City	City of Location 2
Zip	Zip code of Location 2

Parish	Parish of Location 2
Region	Region of Location 2 (see Regional Map in OTM Catalog of Services)
Onsite Contact	Name of person at Location 2 who can answer questions about this request
Email	Email address of the onsite contact
Telephone Number	Telephone number of the onsite contact
Service Description	Desired speeds.
Installation Cost	To be completed by vendor
Vendor Monthly Cost	To be completed by vendor
Total Monthly Cost	To be completed by vendor
Installation Interval	To be completed by vendor
Additional Agency Comments/Requests	Specify any additional requirements and/or features. If this is a change/upgrade to an existing network, indicate the host circuit ID.
Vendor Value-Added Features	To be completed by vendor
One-Time Costs	To be completed by vendor
Monthly Costs	To be completed by vendor

For assistance in completing this form, contact Enhanced Network Services at 225-219-4860 or otm-sept@listserv.doa.la.gov. Submit the completed form by email to otm-sept@listserv.doa.la.gov.