

## Instructions for Independent Ethernet Service Order Form (OTM-83)( Rev. 11/14)

Note: The agencies should work closely with OTM and/or the vendor when filling out this form.

<b>Selected Service Provider</b>	Choose a vendor to provide the service.
<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>Project ID</b>	Insert Project ID number if it has been assigned.
<b>Master Billing No.</b>	For OTM use only.

### 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 billing number.
<b>Service Required</b>	Mark the appropriate box to select either shared or dedicated service.
<b>Speed</b>	Indicate the requested speed.
<b>Contract Number</b>	Indicate the contract number.

### 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 Location</b>	Local telephone number at the site (if not the same as the contact person's telephone number).
<b>Access Hours</b>	Business hours of the office.
<b>Jack Interface</b>	Type of jack with which the circuit interfaces.
<b>Additional Wiring Required to Extend Demarc</b>	Mark yes or no.
<b>Name of Vendor to Extend Demarc</b>	If additional wiring wiring is required to extend demarc, indicate vendor name. If not, leave blank.
<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.

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).