

## Instructions for Project Request Form (OTM-16)(Rev. 10/04)

<b>Agency/Department</b>	Agency and department requesting the service.
<b>Main Telephone No.</b>	Agency's main telephone number.
<b>Current Address</b>	Agency's current physical address, including the zip code.
<b>New Address</b>	Physical address, including the zip code, where the new system will be located.
<b>Under Construction</b>	Check if the building at the new address is under construction.
<b>Existing Structure</b>	Check if there is an existing building at the new address.
<b>Anticipated Occupancy Date</b>	Anticipated date the agency will be at the new address.
<b>Multi-building (Campus) Environment</b>	Check if the agency will be located in more than one building.
<b>Multi-floor Environment</b>	Check if the agency will be located on more than one floor.
<b>If Relocating of Remodeling, Is Telephone Wiring at New Location Included in the Capital Outlay or Lease Specifications (RL2)?</b>	Check the appropriate box. Attach a copy of the telecommunications section of the lease agreement.
<b>Project to be Charged to Cost Center</b>	Cost center to be billed.
<b>Desired Service Due Date</b>	Date service is desired.
<b>Contact Person</b>	Name of a contact person at the project site.
<b>Telephone</b>	Telephone number of the listed contact person.
<b>Email Address</b>	Email address of the listed contact person.
<b>Type of Project</b>	Check the appropriate box. If the service is not listed, check "other" and explain in the blank provided.
<b>Brief Explanation of Project Request</b>	Description of the assistance required.
<b>Are Funds Available in Your Budget for this Fiscal Year to Cover this Project?</b>	Check the appropriate box.
<b>Type of Telephone System Currently in Use</b>	Type of telephone system the agency currently uses.
<b>Number of Employees</b>	Number of employees at the project site.
<b>Number of Telephones</b>	Number of telephones at the project site.
<b>Form Completed By</b>	Name of the person completing the form.
<b>Date</b>	Date the form is completed
<b>Approved By (TC)</b>	Agency telecommunications coordinator's signature.
<b>Date</b>	Date the telecommunications coordinator signed the form.

Email the completed form to OTM at [voiceorders@la.gov](mailto:voiceorders@la.gov).