

## Instructions for Capitol Park Fiber Request Form (OTM-50)(02/07)

- OTM Order No.** For OTM use only.
- Agency** Agency requesting service.
- Contact** Name of person at the agency who is most familiar with technical aspects of the service request.
- Address** Location of the agency requesting service.
- Phone No.** Phone number of the agency contact person.
- City** City where the agency is located.
- Vendor** Vendor or contractor who will actually be installing and setting up the electronics, circuit or service being requested. If the requesting agency is doing the installation with its own staff then this section of the form can be left blank.
- Contact** Name of person with the vendor/contractor who is most familiar with technical aspects of the service request.
- Address** The vendor's location.
- Phone No.** Phone number of the vendor's contact person.
- City** City where the vendor is located.
- Agency Order No.** Agency order number, if one has been assigned by the agency.
- Vendor Order No.** Vendor order number, if one has been assigned by the vendor.
- TYPE OF SERVICE DESIRED** Identify the type and quantity of facility or utility needed.
- Innerduct** If an empty path or innerduct is needed, indicate the number of ducts needed.
- Fiber Optic Cable** If fiber optic cable is needed, indicate the type of fiber needed (multi-mode or single mode) and the number of strands requested.
- Date Service Desired** Date the requested service is needed.
- Service Desired for What Purpose** General category of service being provisioned (for example, cameras, HVAC, card access, CATV).
- Equipment Brand Name** Brand name of electronics being connected to the state's fiber optic cables.
- Model No.** Model number of equipment being connected to the state's fiber optic cables.
- Maximum dB Loss Budget** Maximum dB loss budget for the electronics.
- Source Bldg.** Building where the requested facility or utility will begin.
- Room No.** Room where the requested facility or utility will begin.
- Destination Bldg.** Building where the requested facility or utility will end.
- Room No.** Room where the requested facility or utility will end.

**OSB Authorized Signature** For Office of State Buildings (OSB) use only.

**Date** For OSB use only.

The form may be emailed to [ronnie.firmin@la.gov](mailto:ronnie.firmin@la.gov) or faxed to 225-219-4810.