

**Louisiana Office of Technology Services
Capitol Park Request Form (OTS-50)**

OTS Order No. _____

Agency _____ Contact _____
Address _____ Phone No. _____
City _____ Contact Email _____

Type of Service Desired

Innerduct _____ Fiber Optic Cable

Multi-mode No. Strands _____

Single-mode No. Strands _____

Source Bldg. _____ Room No. _____
Destination Bldg. _____ Room No. _____

Date Service Desired _____

Service Desired for What Purpose _____
(Cameras, HVAC, Card Access, CATV, etc.)

Equipment Brand Name _____ Model No. _____

Maximum dB Loss Budget _____

By signing below, the agency representative agrees to the conditions outlined in the [OTS Catalog of Services/Capitol Park Fiber Optic Cables and Innerduct](#).

Authorized Agency Representative Signature _____ Date _____

OTS Assessment

Requested Strands Available: Yes No

Prep Work Needed (Agency Expense) _____

Assignment Notes _____

Use Acrobat Reader to open the form, then email the completed form to doa-ots-lanet-spt@la.gov