

**Louisiana Office of Technology Services**  
**Legislative Video Feed Request Authorization (OTS-19A)**

*Note: Submit a separate form to OTS for each individual video feed*

Dept.: \_\_\_\_\_  
Office: \_\_\_\_\_

Date Form Submitted to OTS: \_\_\_\_\_  
Due Date Requested: \_\_\_\_\_

**SERVICE INFORMATION**

Requested for (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Service Address: \_\_\_\_\_

Building Name: \_\_\_\_\_

Floor: \_\_\_\_\_ Room: \_\_\_\_\_

City: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Access Hours: \_\_\_\_\_ Access Days of Week: \_\_\_\_\_

Type of Service: Cox Cable Legislative Video Service. Requires one-time installation fee of \$138 and one year subscription at the rate of \$30 per month.

**BILLING INFORMATION**

State P.O. Number (to be completed by agency once approved by OTS): \_\_\_\_\_

Agency Billing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Authorized Signature\*: \_\_\_\_\_

*\*Note: Authorization required by department secretary, undersecretary, or equivalent.*

OTS Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**For Cox Business Services Use Only**

Account: \_\_\_\_\_ Schedule Date: \_\_\_\_\_

Monthly Service Rate: \_\_\_\_\_ Installation Charges: \_\_\_\_\_

Use Acrobat Reader to open and complete the form. Email the completed form to [otmwireless@la.gov](mailto:otmwireless@la.gov).