

# Louisiana Office of Technology Services Ethernet Service Order Form (OTS-38)

Ivanti Ticket Number \_\_\_\_\_

page 1 of \_\_\_\_\_

Selected Service Provider and Contract# \_\_\_\_\_

\*\*\*Attach quote form of service provider selected\*\*\*

**\*Vendors: Please bill OTS per contract terms only**

Agency Cost Center Number \_\_\_\_\_ Due Date Requested \_\_\_\_\_

Department \_\_\_\_\_ Prepared By \_\_\_\_\_

Office \_\_\_\_\_ Date Prepared \_\_\_\_\_

Primary Contact \_\_\_\_\_ Alternate Contact \_\_\_\_\_

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

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

## TC Approval

\_\_\_\_\_ Vendor Billing Account No. \_\_\_\_\_

Project ID if assigned

(To be assigned by OTS)

## Service Requested

**Action Required** (check appropriate boxes)

New Install     Change Existing    Indicate Circuit ID: \_\_\_\_\_     Disconnect

**Interface** (select appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> 120V AC-Powered Electrical Interface                   | <input type="checkbox"/> 48V DC-Powered Electrical Interface          |
| <input type="checkbox"/> 120V AC-Powered Single Mode Optical Interface          | <input type="checkbox"/> 48V DC-Powered Single Mode Optical Interface |
| <input type="checkbox"/> 120V AC-Powered Multimode Optical Interface (Standard) | <input type="checkbox"/> 48V DC-Powered Multimode Optical Interface   |

**If this is a change in port speed, fill in the information:**

Port Speed    Change from \_\_\_\_\_ to \_\_\_\_\_

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## For AT&T Switched Ethernet Services (ASE) Only

ASE Service Level (select level) \_\_\_\_\_ ASE Speed (select speed) \_\_\_\_\_

**ASE Port**

10/100

Gigabit

**ASE Regenerator** (if necessary)

1 Gig

100 Mb

10 Gb

ASE Remarks/Options

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## For All Other Vendor Ethernet Services

Speed \_\_\_\_\_

Port Speed (select appropriate option)  10/100

Gigabit

Remarks/Options

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These are the standard customer requirements for Ethernet fiber optic-based services. The customer is responsible for providing following:

- (1) Negotiations with and obtaining approval from the building or property owner for the placement of the conduit. Intra-building conduit, if required, is provided by the customer.
- (2) Dedicated electrical power for electrical equipment that may be used, and
- (3) Space in the common telecom room at the customer's premise including appropriate rack or backboard.
- (4) Approved ground

These requirements must be met in order to ensure timely service provisioning.

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## Customer Site A/Hub or OTS POP Information

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Office \_\_\_\_\_

Building \_\_\_\_\_

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

Street \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Local number at the location \_\_\_\_\_ Email Address \_\_\_\_\_  
(if different from the contact's number)

Access hours \_\_\_\_\_ Access days of week \_\_\_\_\_

Additional wiring required to extend demarc?  Yes  No

Name of vendor to extend demarc \_\_\_\_\_

**Note to vendor: Total charges for wiring on this order should not exceed \$2,500.**

Driving instructions, if located on a highway or rural route

Remarks

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## Customer Site B/Remote Information

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Office \_\_\_\_\_

Building \_\_\_\_\_

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

Street \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Local number at the location \_\_\_\_\_ Email Address \_\_\_\_\_  
(if different from the contact's number)

Access hours \_\_\_\_\_ Access days of week \_\_\_\_\_

Additional wiring required to extend demarc?  Yes  No

Name of vendor to extend demarc \_\_\_\_\_

**Note to vendor: Total charges for wiring on this order should not exceed \$2,500.**

Driving instructions, if located on a highway or rural route

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Remarks

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Attach a spreadsheet ([OTS-38a](#)) for point to multipoint orders and for orders involving more than one POP.

Use Acrobat Reader to open and complete the form. If you can access the [OTS Customer Self-Service Ticketing Portal](#), submit this form by attaching it to a general incident. Refer to [Ivanti Self-Service Instructions](#). If the portal is unavailable, email the completed form to [otssupport@la.gov](mailto:otssupport@la.gov), attention OTS-EUC-VoiceOrders.