

# Louisiana Office of Technology Services

## OTS Network Services Access Service Request (OTS-43)

Refer to the [OTS Catalog of Services](#) for current rate information.

### Subscriber Information

Department/Agency \_\_\_\_\_  
Section/Unit \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Physical Address \_\_\_\_\_  
\_\_\_\_\_  
Cost Center Number \_\_\_\_\_

For OTS Use Only	
OTS Order Number	_____
Request Date	_____
Due Date	_____
Approved By	_____
Contact Name	_____
Telephone Number	_____

### Technical Contacts

The following persons will serve as primary contacts to OTS

Name	Phone	Email
_____	_____	_____
_____	_____	_____

### CNA Access

New       Change/Add       Disconnect      Existing Directory Number: \_\_\_\_\_  
OTS Point of Presence (POP) Location \_\_\_\_\_  
Access Type:  
 Direct Access via Ethernet\*       Direct Acces via T1       Shared Ethernet Host  
\*Non-consolidated IT agencies must submit [OTS-38 Ethernet Service Order Form](#) to order host circuit  
Bandwidth \_\_\_\_\_

### MIT

New       Change/Add       Disconnect      Existing Directory Number: \_\_\_\_\_  
Speed \_\_\_\_\_

### INTERNET

New       Change/Add       Disconnect      Existing Directory Number: \_\_\_\_\_  
Speed \_\_\_\_\_

### Authorization

I authorize OTS to order carrier service, and/or provisioning of OTS network resources. I understand that the charges for this will be billed to this agency.

Telecommunications Coordinator \_\_\_\_\_ Date \_\_\_\_\_

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 DCO LaNet Network Support.

**Louisiana Office of Technology Services**  
**OTS Network Services Access Service Request (OTS-43)**

For OTS Use Only

OTS Host Circuit End

Change/Add

OTS Shared Host Circuit ID

BTR

NO

LAF

SHV

Bill to: 225 M14-6188