

**Louisiana Office of Technology Services**  
**Legislative Video Feed Request Authorization (NS-19A)**  
*Note: Submit a separate form to OTS-NS for each individual video feed*

**Dept.:** \_\_\_\_\_

**Date Form Submitted to OTS-NS:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**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-NS): \_\_\_\_\_

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

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

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

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

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

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

OTS-NS Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**For Cox Business Services Use Only**

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

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

Scan and email to [otmwireless@la.gov](mailto:otmwireless@la.gov).