

**Louisiana Office of Technology Services Network Services**  
**Hosted Voice Service (HVS) Move/Change/Disconnect Order Form (NS-65)**

**General Information**

---

Date _____	Requested Due Date _____
GL Number _____	TC Submitting Request _____
Agency/ Division _____	TC's Telephone Number _____
Department _____	Order Type: <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Disconnect

**Order Information**

---

Order Contact \_\_\_\_\_  
Order Contact Telephone Number \_\_\_\_\_  
Order Contact Email Address \_\_\_\_\_

**User Information**

---

User Name \_\_\_\_\_  
User Telephone Number \_\_\_\_\_  
User E-mail Address \_\_\_\_\_  
Aastra/Mitel Device Type (Model Number) \_\_\_\_\_  
Device MAC Address (back of phone) \_\_\_\_\_

**Location Information**

---

Existing Address/ Bldg/ Floor _____	New Address/Bldg/Floor _____
_____	_____
City _____	City _____
Zip Code _____	Zip Code _____
Room/Cubicle _____	Room/Cubicle _____
HVS Device/PC Jack ID Number _____	HVS/PC Jack ID Number _____

**IT Information**

---

Agency's IT Contact Name \_\_\_\_\_  
IT Contact Phone Number \_\_\_\_\_  
Is there an active PC data jack for this user at the new location?     No\*\*\*     Yes    Jack ID: \_\_\_\_\_

\*\*\* If No, check below to acknowledge. Complete an NS-25 Data Dial Tone Service Order Form and submit it to [doa-ots-lanet-ddt@la.gov](mailto:doa-ots-lanet-ddt@la.gov) to have the data port activated or a new jack installed.

**TC Acknowledge**  A Data Dial Tone Service Order Form will be submitted to OTS-NS for this user.

Note: See [http://www.doa.la.gov/Pages/ots/Telecommunications/Tele\\_Forms/Contents.aspx](http://www.doa.la.gov/Pages/ots/Telecommunications/Tele_Forms/Contents.aspx) for OTS Network Services forms.

**Louisiana Office of Technology Services Network Services**  
**Hosted Voice Service (HVS) Move/Change/Disconnect Order Form (NS-65)**

**Additional Information**

Requested Features Changes/ Additions:

--

Additional Comments:

--