

# Louisiana Office of Technology Services Network Services Data Dial Tone Service Order Form (NS-25)

OTS-NS ORDER NUMBER \_\_\_\_\_  
(To Be Completed by OTS-NS)

TICKET NUMBER \_\_\_\_\_  
(To Be Completed by OTS-NS)

## Billing Authorization (Required fields marked with asterisk)

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Agency Cost Center Number\* \_\_\_\_\_

TC Name\* \_\_\_\_\_

TC Office Telephone\* \_\_\_\_\_

TC Mobile Telephone \_\_\_\_\_

TC Email\* \_\_\_\_\_

Save a copy for your records. For fastest processing: (1) TC listed to the left must be valid, (2) form must be sent from the email account of the valid TC listed, (3) mandatory fields must be populated and (4) due date requested must be at least two days after email is sent.

## General Information

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Department/Office/Section \_\_\_\_\_

Expedite Charges Authorized  (checked box = "yes") Due Date Requested \_\_\_\_\_

## Technical Contacts (Required fields marked with asterisk)

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Primary Contact Name\* \_\_\_\_\_ Alternate Contact Name\* \_\_\_\_\_

Primary Contact Office Phone\* \_\_\_\_\_ Alternate Contact Office Phone\* \_\_\_\_\_

Primary Contact Mobile Phone \_\_\_\_\_ Alternate Contact Mobile Phone \_\_\_\_\_

Primary Contact Email\* \_\_\_\_\_ Alternate Contact Email\* \_\_\_\_\_

## OTS-NS-25 Table of Contents

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- [Section 1](#) User-Location Service Request –
- 1A-activate, deactivate or change the setup of a data jack in a building for desktop computers, laptop computers, printers, etc.
  - 1B-install, remove or reconfigure an OTS-NS wireless access point to provide wireless service to an entire floor or an area of a floor
- [Section 2](#) Data Center - Server Network Connection - activate, deactivate or change the setup of a data jack in a data center for devices requiring network connectivity
- [Section 3](#) Customer Notes - additional relevant information

\* Mandatory fields

\*\*OTS-NS to assign inventory number for new services / Agency to provide inventory number for existing service



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## Data Center Service Request

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Section 2

Data Center Name \_\_\_\_\_

Physical Address \_\_\_\_\_

**Server Network Connection(s)**

Action	OTS-NS Inventory Number**	Speed	Duplex	Cable Type	Fiber Interface	Floor	Room	Rack Intersection	VLAN or IP	Relevant Notes
	DDIALSRVR									
	DDIALSRVR									
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## Customer Notes (Attach additional sheets if necessary)

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Section 3

\* Mandatory fields

\*\*OTS-NS to assign inventory number for new services / Agency to provide inventory number for existing service