

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

General Information

Date _____ Requested Due Date _____
AU Number _____ TC Submitting Request _____
Agency/ Division _____ TC's Telephone Number () _____
Department _____ Order Type Move Change Disconnect

Order Information

Order Contact _____
Order Contact Telephone Number () _____
Order Contact Email Address _____

User Information

User Name _____
User Telephone Number () _____
User Email 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 Device/PC Jack ID Number _____

IT Information

Agency IT Contact Name _____
IT Contact Telephone 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. Submit a request to the [OTS Service Desk](#) to have the data port activated or a new jack installed.

TC Acknowledge A request for port activation or a new data just will be submitted to the [OTS Service Desk](#)

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Additional Information

Requested Features Changes/ Additions
Additional Comments

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, attention OTS-EUC-Projects.