**Use F1 for Help or** [**Click Here for Form Instructions**](http://www.doa.la.gov/OTS/OTM/forms/ns105inst.pdf)

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| Existing AT&T Account Number | |  | |  | |  | Disconnect This Account | | |
|  |  |  | |  | Disconnect Audio Only License | How Many? |  |
|  |  |  | |  | Disconnect Zoom License | How Many? |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Information** | | | | | | | | |
| Agency |  | | | | Department |  | | |
| Requestor Contact | |  | | Telephone Number | | | |  |
| Requestor Email Address | | |  |  | | |  | |

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|  | | | | | | | | | | |
| **Host Information** | | | | | | | | | | |
| Host First Name (20 Characters Maximum) | | Host Last Name (30 Characters Maximum) | | Host Phone Number  ( no ( ) or - ) | Host Email Address | Host Physical Address | Host Mailing Address  (25 Characters Maximum) | | City | ZIP Code | |
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| **Telecommunications Coordinator Approval** | | | |
| Approved By (TC) |  | Date TC Approved |  |

**Save the form in Microsoft Word. Email a copy of the SAVED form to**

[solacollab@list.att.com](mailto:solacollab@list.att.com)