

## Instructions for IWAY Quote Request Form (NS-47)(03/22)

Contact OTS Network Services at 225-219-4860 for assistance in completing this form.

### VENDOR

**Select Vendor** Select Vendor. If non-contracted, specify which vendor.

### GENERAL INFORMATION

**OTS-NS Reference #** For OTS-NS use only. Leave blank. Reference number given by OTS-NS for the project.

**Agency/Department** Complete name of the organization requesting the service (for example Department of Children and Family Services, Office of Community Services)

**Telecommunications Coordinator** Name of the telecommunications coordinator approving the request for the agency. TC approval is not required for a quote request, but will be required for an order.

**Requested By** Name of the person requesting the quote.

**Phone Number** Ten-digit telephone number of the person requesting the quote.

**Email Address** Email address of the person requesting the quote.

### SITE INFORMATION

**Street Address** Street address of the location for which IWAY is being quoted.

**Floor/Room** Floor/Room for site.

**City** City where the site is located.

**Zip Code** Zip code for the site.

**Onsite Contact** Name of an onsite contact.

**Contact Number** Telephone number of the onsite contact.

**Email Address** Email address of the onsite contact.

### SERVICE REQUESTED

**Asymmetric** Check this box to request a quote for an asymmetric service. Asymmetric service is more cost effective and works well for most Internet traffic (browsing, email, etc.) due to the download bandwidth being higher than the upload bandwidth.

**Symmetric** Check this box to request a quote for a Symmetric service.

**Speed** Requested speed for service

**Select Handoff** Check the handoff option for the Ethernet service (Fiber or Copper)

**Vendor-Managed Router** The vendor will provide and remotely manage a network router between the customer's local network and the Internet.

**Vendor-Managed Firewall** The vendor will install and remotely manage a network firewall to provide security between the customer's local network and the Internet.

**Static IP Addresses Required** Check this box if static IP addresses are required.

**Desired Installation Date** Desired installation date.

Submit the completed form by email to [NetworkOrders@la.gov](mailto:NetworkOrders@la.gov)