

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: Move Change 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 networkorders@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 <https://www.doa.la.gov/oa/ots/policies-and-forms/> for OTS Network Services forms.

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Additional Information

Requested Features Changes/ Additions:

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Additional Comments:

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