

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)

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

Department/Office/Section _____

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

Technical Contacts (Required fields marked with asterisk)

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

- [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

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

User-Location Service Request

[Return to table of contents](#)

Section 1

Building Name _____ Physical Address _____

Desktop, Laptop, Printer, HVS Telephone, etc. Network Connection(s) **1A**

Action	OTS-NS Inventory Number**	Jack Number	Port Color	Access Type	Speed	Duplex	POE Required?	Wiring Required?	Floor	Room / Cubicle	HVS ¹	Notes
	DDIALDSK											
	DDIALDSK											
	DDIALDSK											
	DDIALDSK											
	DDIALDSK											
	DDIALDSK											
	DDIALDSK											
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¹To order a new HVS number, or to request changes to existing HVS service (including change of name, features, floor, address), the agency must also submit an NS-60 HVS New Service Order Form or an NS-65 HVS Move/Change Order Form.

Wireless Access **1B**

Action	OTS-NS Inventory Number**	Access Type	Preferred SSID	Number of IP Addresses (no charge for 24 or less)	Only necessary for first wireless installation. If not the first, please ignore.	
					Radius Server IP	Relevant Notes
	DDIALWLAN					
	DDIALWLAN					
	DDIALWLAN					

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

Louisiana Office of Technology Services Network Services

Data Dial Tone Service Order Form (NS-25)

Data Center Service Request

[Return to table of contents](#)

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									
	DDIALSRVR									
	DDIALSRVR									
	DDIALSRVR									
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	DDIALSRVR									

Customer Notes (Attach additional sheets if necessary)

[Return to table of contents](#)

Section 3

* Mandatory fields

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