

Louisiana Office of Technology Services Metro DWDM Order Form (NS-53)

OTS ORDER NUMBER _____
(To Be Completed by OTS)

General Information (All fields are required)

Section 1

Agency Cost Center Number _____ Due Date Requested _____
Department/Office/Section _____ Date Prepared _____
Primary Technical Contact (PTC) _____ Alternate Technical Contact (ATC) _____
PTC Telephone Number _____ ATC Telephone Number _____
PTC Email Address _____ ATC Email Address _____

Telecommunications Coordinator Approval _____
(Signature)

AT&T Master Billing Number _____
(To be assigned by OTS)

Connection Information (All fields are required)

Section 2

Service Requested Install Change* Disconnect*

Request connection between ISB DPS LSU and ISB DPS LSU

Quantity _____

Connection Type/Protocol

- ETR
- Fast Ethernet 100 Base-FX
- Fibre Channel 100
- Fibre Channel 200
- FICON
- FICON Express
- Gigabit Ethernet 1000BASE-LX
- Gigabit Ethernet 1000BASE-SX

Connection Type/Protocol

- 10 Gigabit Ethernet 10 GBase-LX
- 10 Gigabit Ethernet 10 GBase-SX

* Existing Circuit ID is needed

Remarks (Optional. Attach additional sheets if necessary)
