

**Louisiana Office of Technology Services Network Services  
IWAY Order Form (NS-46)**

Agency Cost Center \_\_\_\_\_  
Dept/Agency Name \_\_\_\_\_  
Section/Unit \_\_\_\_\_  
**Service Location:**  
Physical Address \_\_\_\_\_  
\_\_\_\_\_  
Floor/Room/Suite \_\_\_\_\_  
\_\_\_\_\_

For OTS-NS Internal Use Only	
OTS-NS Order #	_____
Request Due Date	_____
Confirmed Due Date	_____
*Notify Project Manager once due date is confirmed*	
Contract #	_____
OTS-NS Project Manager	_____

**Agency Customer Contact Information**

Primary Name	Email Address	Telephone
Alternate Name	Email Address	Telephone

**New Service**

Select Vendor Vendor

Select Access Type	Speed	Select Hand-Off	Managed Router	Managed Firewall
<input type="checkbox"/> Symmetric	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Asymmetric	_____ Down _____ Up		*Agencies whose equipment/services are managed by OTS should not select Managed Options*	
<input type="checkbox"/> Static IP	Quantity _____			

**Changes/Disconnects**

☐ Upgrade/Downgrade/Change Service  
Circuit ID \_\_\_\_\_ Account Number \_\_\_\_\_  
Speed/Feature Change: \_\_\_\_\_  
☐ Disconnect Service  
Circuit ID \_\_\_\_\_ Account Number \_\_\_\_\_

Telecommunications Coordinator (print)	Telecommunications Coordinator (sign)	Date
--	---------------------------------------	------

**Billing Address**

VENDORS: BILL ALL IWAY SERVICES TO:

Office of Finance & Support Services	Email <a href="mailto:otm.cd@la.gov">otm.cd@la.gov</a>
Attn: Accounts Payable	Phone <a href="tel:225-342-0700">225 342-0700</a>
1201 N 3rd St, Suite 6-180	
P O Box 94280	
Baton Rouge, LA 70804-9280	

**OTS-NS Order Activities Contact Information**

Email Address	Telephone
---------------	-----------