

# Louisiana Office of Telecommunications Management Circuit Service Order Form (OTM-12)

OTM Order Number \_\_\_\_\_  
(To be assigned by OTM)

page 1 of \_\_\_\_\_

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Agency Cost Center Number \_\_\_\_\_ Due Date Requested \_\_\_\_\_  
Department \_\_\_\_\_ Prepared By \_\_\_\_\_  
Office \_\_\_\_\_ Date Prepared \_\_\_\_\_  
Primary Contact \_\_\_\_\_ Alternate Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**TC Approval** \_\_\_\_\_

BellSouth Master Billing \_\_\_\_\_  
(To be assigned by OTM)

OTM FlexServe No. \_\_\_\_\_  
(To be assigned by OTM)

## BellSouth Service Requested

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**Action Required** (check appropriate boxes)

- New Install      Select one:       Master Location       Drop Location  
 Disconnect      Select one:       Master Location       Drop Location  
 Change Existing Drop Location       In Move/Move Existing Drop Location

If this is an existing service, indicate circuit ID and earning number.

Circuit ID \_\_\_\_\_

Earning Number \_\_\_\_\_

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**Service Required** (check appropriate boxes)

**Synchronet Service**

Point-to-Point     Multi-point     FlexServe     Educational Tariff (EDP)

Speed \_\_\_\_\_ Secondary Channel Service \_\_\_\_\_ Jack Interface \_\_\_\_\_

**Analog Service**

2-wire Circuit/Interface     4-wire Circuit/Interface     FlexServe     Educational Tariff (EDP)

**Megalink (DS1) Service**

Application:     Data     Video     PRI     ISDN     IVR     Other

Options:     Clear Channel (B8ZS)     Extend Super Frame (ESF)     FlexServe

Educational Tariff (EDP)     28-Channel System\*

Jack Interface \_\_\_\_\_

**DS3 Service \*\***

LightGate     SmartPath     Other     IntraLATA     InterLATA     FlexServe

Fill in appropriate information.

From \_\_\_\_\_ NPA    \_\_\_\_\_ NNX

To \_\_\_\_\_ NPA    \_\_\_\_\_ NNX

\*When adding/disconnecting a megalink to an existing DS3 or 28 channel system, the connecting facility assignment information should be sent on [OTM-13 SmartRing Order Form](#) along with this form.

\*\*These are the standard customer requirements for fiber optic-based services. The customer is responsible for providing the following:

- (1) suitable pathways (conduit, raceway, etc.),
- (2) electrical power for electrical equipment that may be used, and
- (3) space in the common telecom room at the customer's premise.

These requirements must be met in order to ensure timely service provisioning.

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**Customer Site Information**

**Master Location**

Office \_\_\_\_\_

Building \_\_\_\_\_

Floor \_\_\_\_\_ Room \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Local number at the location \_\_\_\_\_  
(if different from the contact's number)

Access hours \_\_\_\_\_ Access days of week \_\_\_\_\_

Jack interface \_\_\_\_\_

Additional wiring required to extend demarc?  Yes  No

Name of vendor to extend demarc \_\_\_\_\_

**Note to BellSouth or wiring vendor: Total charges for wiring on this order should not exceed \$2,500.**

Driving instructions, if located on a highway or rural route

\_\_\_\_\_

\_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Customer Site Information Continued**

**Drop Location**

Office \_\_\_\_\_

Building \_\_\_\_\_

Floor \_\_\_\_\_ Room \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Local number at the location \_\_\_\_\_  
(if different from the contact's number)

Access hours \_\_\_\_\_ Access days of week \_\_\_\_\_

Jack interface \_\_\_\_\_

Additional wiring required to extend demarc?  Yes  No

Name of vendor to extend demarc \_\_\_\_\_

**Note to BellSouth or wiring vendor: Total charges for wiring on this order should not exceed \$2,500.**

Driving instructions, if located on a highway or rural route

\_\_\_\_\_

\_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Customer Site Information Continued**

**Drop Location**

Office \_\_\_\_\_

Building \_\_\_\_\_

Floor \_\_\_\_\_ Room \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Local number at the location \_\_\_\_\_  
(if different from the contact's number)

Access hours \_\_\_\_\_ Access days of week \_\_\_\_\_

Jack interface \_\_\_\_\_

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Driving instructions, if located on a highway or rural route

\_\_\_\_\_

\_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax the signed form to OTM 225-342-7372.**