

Office of Telecommunications Management

Voice Messaging Disconnect or Change Form (OTM-8)

SUBSCRIBER INFORMATION

Subscriber's Phone Number _____	Agency _____
Mailbox Number _____ <small>(if different from phone number)</small>	Billing Account Unit _____
User Name _____ <small>print- last, first</small>	Site Contact _____ <small>print- last, first</small>
E-Mail Address _____ <small>required if requesting training material</small>	Contact's Phone # (_____) _____

REQUESTED ACTION

Check all that apply:

Disconnect Voice Mail (please complete A and B below):

A. If other numbers forward (call forward busy or don't answer) to this line, please list them here:

B. Forwarding on this number will be discontinued when the voice mail is disconnected. If you wish this number to forward to another number please indicate here:

Call forward on busy to: _____

Call forward on don't answer to: _____

Change Class of Service: New mailbox type is: _____
*Customer Service: if After Hours Info Box, notify VP group; contributor list required.

Subscriber Name Change: New user name is: _____
*If training material is needed, please supply user's email address.
*If a Password Reset is needed, agency must submit an OTM-9 instead of OTM-8

Exit Out Change: New exit out number is: _____

Other: Please explain: _____

APPROVAL

All requests must have the Agency Telecommunications Coordinator or OTM Project Manager's signature. Upon completion, Fax to 225-342-7757, or mail to: OTM Customer Service Section; Post Office Box 94280; Baton Rouge, LA 70804-9280.

Requestor	date	phone number
TC or OTM Project Manager signature	date	phone number

For OTM use only

Add Cat Code(s): _____	ECAS CFB to: _____	Entered in Database: _____
_____	ECAS CFDA to: _____	Date: _____
_____	No. of Rings: _____	OTM Project Code: _____
Message Waiting: _____	Exit out to: _____	
Remove Cat Code(s): _____ Qty: _____	Comments: _____	
_____ Qty: _____	_____	
_____ Qty: _____	_____	