

Louisiana Office of Telecommunications Management Independent Metro Ethernet Service Order Form (OTM-83)

Selected Service Provider Sudden Link CenturyTel Cox Level 3 Charter

Attach quote form of service provider selected

OTM Order Number _____

(To be assigned by OTM)

page 1 of _____

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

Master Billing No. _____

(To be assigned by OTM)

Service Requested

Action Required (check appropriate boxes)

New Install Change Existing In Move/Move Disconnect

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

Circuit ID _____

Billing Number _____

Service Required (check appropriate boxes)

Shared Ethernet Service (select speed)

10 Mbps 100 Mbps 1000 Mbps

Existing Contract Number _____

Dedicated Ethernet Service (select speed)

10 Mbps 100 Mbps 1000 Mbps

Existing Contract Number _____

If this is a change to existing service, fill in the appropriate information.

Port Speed Change from _____ to _____

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Customer Site Information

Office _____

Building _____

Floor _____ Room _____

Street _____

City _____

ZIP Code _____

Contact _____ Telephone Number _____

Local number at the location _____
(if different from 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 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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Remarks

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