

Louisiana State Government Centrex Service Order Form (OTM/S-2)

TC Approved _____ **Page** 1 **of** _____
AU Number _____ **Due Date** _____
Dept./Agency _____ **Prepared By** _____
Office _____ **Contact** _____
Location _____ **Tel. No.** _____
2nd Contact _____
Tel. No. _____

User _____ **Room No.** _____
Telephone Number _____ **AU Number** _____

FEATURES	Codes	ADD	DELETE	For OTM USE ONLY		
Conf Calls	CNFER	<input type="checkbox"/>	<input type="checkbox"/>	Centrex Line Package	FPKG	
Call Pickup	CPKUP	<input type="checkbox"/>	<input type="checkbox"/>	Basic Dial Tone	BASIC	
Special Hold	HHOLD	<input type="checkbox"/>	<input type="checkbox"/>	Line Class Code	XL	
Call For-Var	CFWDV	<input type="checkbox"/>	<input type="checkbox"/>	Centrex Key	SXKEY	
Call For-D/A to	CFWDA	<input type="checkbox"/>	<input type="checkbox"/>	Selective Call Screening	SRG	
Call For-Busy to	CFWDB	<input type="checkbox"/>	<input type="checkbox"/>	# Assigned to	PFA	
Call Waiting	CWAIT	<input type="checkbox"/>	<input type="checkbox"/>	Touchtone	TTONE	
Interior Access only	CAT0	<input type="checkbox"/>	<input type="checkbox"/>			
Caller ID	CID	<input type="checkbox"/>	<input type="checkbox"/>			
Local Access only	CAT2	<input type="checkbox"/>	<input type="checkbox"/>			
Local and LINC Access	CAT3	<input type="checkbox"/>	<input type="checkbox"/>			
Toll Restriction	NOTOL	<input type="checkbox"/>	<input type="checkbox"/>			
Directory Listings	DLIST	<input type="checkbox"/>	<input type="checkbox"/>			
Extension on premise	XON	<input type="checkbox"/>	<input type="checkbox"/>			
Extension off premise	XOFF	<input type="checkbox"/>	<input type="checkbox"/>			

Remarks:

RECAP: Call Pickup Group No. _____

OTM USE ONLY

BTN: **Reg** _____ **Location Code** _____
De-Reg _____ **Project Name: PIN** _____
Switch Number _____

Fax the completed form to OTM at 225-342-7757. Or, mail to:
 OTM Customer Service
 P.O. Box 94280
 Baton Rouge, LA 70804-9280

Louisiana State Government Centrex Service Order Form (OTM-S-2B)

Page _____ of _____

User _____ Room No. _____

Telephone Number _____ AU Number _____

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Call For-Var	CFWDV	<input type="checkbox"/>	<input type="checkbox"/>	Centrex Key	SXKEY	
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Call Waiting	CWAIT	<input type="checkbox"/>	<input type="checkbox"/>	Touchtone	TTONE	
Interior Access only	CAT0	<input type="checkbox"/>	<input type="checkbox"/>			
Caller ID	CID	<input type="checkbox"/>	<input type="checkbox"/>			
Local Access only	CAT2	<input type="checkbox"/>	<input type="checkbox"/>			
Local and LINC Access	CAT3	<input type="checkbox"/>	<input type="checkbox"/>			
Toll Restriction	NOTOL	<input type="checkbox"/>	<input type="checkbox"/>			
Directory Listings	DLIST	<input type="checkbox"/>	<input type="checkbox"/>			
Extension on premise	XON	<input type="checkbox"/>	<input type="checkbox"/>			
Extension off premise	XOFF	<input type="checkbox"/>	<input type="checkbox"/>			

Remarks:

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Local Access only	CAT2	<input type="checkbox"/>	<input type="checkbox"/>			
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