

Louisiana Office of Technology Services Network Services Circuit Service Order Form (NS-12)

OTS-NS Order Number _____
(To be assigned by OTS-NS)

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

AT&T Master Billing No. _____
(To be assigned by OTS-NS)

OTS-NS FlexServe No. _____
(To be assigned by OTS-NS)

AT&T Service Requested

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 [NS-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 AT&T 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 AT&T 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

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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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