

# Louisiana Office of Technology Services Network Services SMARTRing Service Order Form (NS-13)

OTS-NS Order Number \_\_\_\_\_  
(To be assigned by OTS-NS)

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

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Agency Cost Center Number \_\_\_\_\_ Due Date Requested \_\_\_\_\_  
Department \_\_\_\_\_ Prepared By \_\_\_\_\_  
Office \_\_\_\_\_ Date Prepared \_\_\_\_\_  
Local Contact-Cust Node 1 \_\_\_\_\_ Local Contact-Cust Node 2 \_\_\_\_\_  
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—Ring Level Detail

**Action Required** (check appropriate boxes)

New Install       Change Existing       Move       Disconnect

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

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

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

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**Type/Size Ring**       OC3       OC12       OC48

**Service Required** (check appropriate boxes)

Add       Disconnect

Customer Node on Ring

Complete Customer Address \_\_\_\_\_

Location information \_\_\_\_\_

Central Office Node on Ring

Central Office Address \_\_\_\_\_

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## Changes to Existing Circuits (check appropriate boxes)

Move circuit ID \_\_\_\_\_ to go from location \_\_\_\_\_  
to location \_\_\_\_\_ on STS Timeslot \_\_\_\_\_

New circuits to ride the ring

Type  DS1  DS3  PRI  OC3 Quantity \_\_\_\_\_

From node \_\_\_\_\_ to node \_\_\_\_\_ on STS Timeslot \_\_\_\_\_

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## AT&T Service Requested—DS3 Level Detail

### Action Required (check appropriate boxes)

Add DS3

Number of DS3s  28 Channel System\*  FlexServe  Channelized

New Circuit IDs \_\_\_\_\_

Disconnect DS3

Number of DS3s  28 Channel System\*  FlexServe  Channelized

Existing Circuit IDs \_\_\_\_\_

Earning Numbers \_\_\_\_\_

\*When adding/disconnecting a megalink to an existing DS3 or 28 channel system, the connecting facility assignment information should be sent on **NS-12 Circuit Order Form** along with this form.