

**Louisiana Office of Technology Services Network Services**  
**Hosted Voice Service (HVS) Move/Change/Disconnect Order Form (NS-65)**

**General Information**

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Date _____	Requested Due Date _____
GL Number _____	TC Submitting Request _____
Agency/ Division _____	TC's Telephone Number _____
Department _____	Order Type: <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Disconnect

**Order Information**

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Order Contact \_\_\_\_\_

Order Contact Telephone Number \_\_\_\_\_

Order Contact Email Address \_\_\_\_\_

**User Information**

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User Name \_\_\_\_\_

User Telephone Number \_\_\_\_\_

User E-mail Address \_\_\_\_\_

Aastra/Mitel Device Type (Model Number) \_\_\_\_\_

Device MAC Address (back of phone) \_\_\_\_\_

**Location Information**

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Existing Address/ Bldg/ Floor _____	New Address/Bldg/Floor _____
_____	_____
City _____	City _____
Zip Code _____	Zip Code _____
Room/Cubicle _____	Room/Cubicle _____
HVS Device/PC Jack ID Number _____	HVS/PC Jack ID Number _____

**IT Information**

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Agency's IT Contact Name \_\_\_\_\_

IT Contact Phone Number \_\_\_\_\_

Is there an active PC data jack for this user at the new location?    No\*\*\*     Yes     Jack ID: \_\_\_\_\_

\*\*\* If No, check below to acknowledge. Complete an NS-25 Data Dial Tone Service Order Form and submit it to [networkorders@la.gov](mailto:networkorders@la.gov) to have the data port activated or a new jack installed.

TC Acknowledge  A Data Dial Tone Service Order Form will be submitted to OTS-NS for this user.  
Note: See <https://www.doa.la.gov/dao/ots/policies-and-forms/> for OTS Network Services forms.

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**Additional Information**

Requested Features Changes/ Additions:

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Additional Comments:

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