

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

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

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

FEATURES	Codes	ADD	DELETE	For OTS USE ONLY		
Conf Calls	CNFER	<input type="checkbox"/>	<input type="checkbox"/>	Centrex Line Package	FPKG	<input type="checkbox"/>
Call Pickup	CPKUP	<input type="checkbox"/>	<input type="checkbox"/>	Basic Dial Tone	BASIC	<input type="checkbox"/>
Special Hold	HHOLD	<input type="checkbox"/>	<input type="checkbox"/>	Line Class Code	XL	<input type="checkbox"/>
Call For-Var	CFWDV	<input type="checkbox"/>	<input type="checkbox"/>	Centrex Key	SXKEY	<input type="checkbox"/>
Call For-D/A to	CFWDA	<input type="checkbox"/>	<input type="checkbox"/>	Selective Call Screening	SRG	<input type="checkbox"/>
Call For-Busy to	CFWDB	<input type="checkbox"/>	<input type="checkbox"/>	# Assigned to	PFA	<input type="checkbox"/>
Call Waiting	CWAIT	<input type="checkbox"/>	<input type="checkbox"/>	Touchtone	TTONE	<input type="checkbox"/>
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 Long Distance 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. _____

OTS USE ONLY

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

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

Page _____ of _____

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Telephone Number _____ AU Number _____

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Special Hold	HHOLD	<input type="checkbox"/>	<input type="checkbox"/>	Line Class Code	XL	<input type="checkbox"/>
Call For-Var	CFWDV	<input type="checkbox"/>	<input type="checkbox"/>	Centrex Key	SXKEY	<input type="checkbox"/>
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Local Access only	CAT2	<input type="checkbox"/>	<input type="checkbox"/>			
Local and Long Distance 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"/>			
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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: