

Louisiana Office of Technology Services IWAY Order Form (OTS-46)

Agency Cost Center _____
 Dept/Agency Name _____
 Section/Unit _____
 Service Location: _____
 Physical Address _____
 Floor/Room/Suite _____

For OTS Internal Use Only	
OTS Order #	_____
Request Due Date	_____
Confirmed Due Date	_____
*Notify Project Manager once due date is confirmed.	
Contract #	_____
OTS Project Manager	_____

Agency Customer Contact Information

Primary Name	Email Address	Telephone
Alternate Name	Email Address	Telephone

New Service

Select Vendor _____

Select Access Type <input type="checkbox"/> Symmetric <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Static IP	Speed _____ Down _____ Up Quantity _____	Select Hand-Off _____	Managed Router <input type="checkbox"/> Yes	Managed Firewall <input type="checkbox"/> Yes
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Agencies whose equipment/services are managed by OTS should not select Managed Options

Changes/Disconnects

Upgrade/Downgrade/Change Service
 Circuit ID _____ Account Number _____

Speed/Feature Change _____

Disconnect Service
 Circuit ID _____ Account Number _____

Telecommunications Coordinator (print)	Telecommunications Coordinator (sign)	Date
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Billing Address

VENDORS: BILL ALL IWAY SERVICES TO:

Office of Finance & Support Services Attn: Accounts Payable 1201 N 3rd St, Suite 6-180 P O Box 94280 Baton Rouge, LA 70804-9280	Email otm.cd@la.gov Phone 225 342-0700
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OTS Order Activities Contact Information

Email Address	Telephone
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Use Acrobat Reader to open and complete the form. If you can access the [OTS Customer Self-Service Ticketing Portal](#), submit this form by attaching it to a general incident. Refer to [Ivanti Self-Service Instructions](#). If the portal is unavailable, email the completed form to otssupport@la.gov, attention DCO LaNet Network Support.

For assistance in completing this form, call DCO LaNet Network Support at 225.219.4860 or email networkorders@la.gov.