

**Louisiana Office of Telecommunications Management
Metro Ethernet Agency Request for Vendor Quote Form (OTM-51)**

Vendor _____
 TC Approval _____
 Prepared By _____ Date _____
 Email _____ Telephone Number _____
 Cellular Telephone Number _____ Fax Number _____

Location 1
 Agency/Department _____
 Street Address _____
 City _____ Zip _____
 Onsite Technical Contact _____
 Email _____ Telephone Number _____

Service Description	Installation Cost	Monthly Recurring Cost
Totals		

Location 2
 Agency/Department _____
 Street Address _____
 City _____ Zip _____
 Onsite Technical Contact _____
 Email _____ Telephone Number _____

Service Description	Installation Cost	Monthly Recurring Cost
Totals		

Fax the completed form to OTM at 225-219-4867