

Instructions for IWAY Order Form (NS-46)(04/23)

Note: This form is submitted after quotes have been obtained and reviewed by the agency. To request quotes, submit the NS-47 IWAY Quote Request Form.

Contact OTS Network Services at 225-219-4860 for assistance in completing this form.

Agency Cost Center OTS-NS cost center for the agency to be billed for services.

Department/Agency Name Complete name of the organization requesting the service (for example Department of Children and Family Services, Office of Community Services)

Section/Unit Section name if the requesting unit is a sub-section of another department (for example Human Resources Section)

SERVICE LOCATION

Physical Address Physical address for where the service is located.

Floor/Room/Suite Floor/Room/Suite Number for where the service is located.

FOR OTS-NS INTERNAL USE ONLY Leave blank. To be completed by OTS-NS.

AGENCY CUSTOMER CONTACT INFORMATION

Primary Name Name of the primary agency contact.

Email Address Email address of the primary agency contact.

Telephone Ten-digit telephone number of the primary agency contact.

Alternate Name Name of an alternate agency contact.

Email Address Email address of the alternate agency contact.

Telephone Ten-digit telephone number of the alternate agency contact

NEW SERVICE Indicate new/change/disconnect.

Select Vendor Choose the vendor that will be providing the service. Selection should be based on quotes received via the NS-46 IWAY Quote Request Form. Please specify the vendor if a Non-Contracted Vendor is providing the service.

Select Access Type Check the access type needed (Symmetric, Asymmetric, or Static IP)

Select Hand-Off Choose the hand-off option needed.

Managed Router Check Yes if a managed router is needed.

Managed Firewall Check Yes if a managed firewall is needed.

Speed Choose the speed needed for the access type. Symmetric can be under 100 M or 100+ M.

CHANGES/DISCONNECTS

Upgrade/Downgrade/Change Service Check this box to change an existing service.

Circuit ID Circuit ID associated with the existing service.

Account Number	Account number associated with the existing service.
Speed/Feature Change	Specify the Speed/Feature changes needed.
Disconnect Circuit ID	Circuit ID associated with the existing service.
Account Number	Account number associated with the existing service.
Telecommunications Coordinator (Print)	Telecommunications coordinator's name.
Telecommunications Coordinator (Sign)	Telecommunications coordinator's signature
Date	Date the form is completed.
BILLING ADDRESS	Do Not Change. For OTS-NS use only. The billing information for the vendors.
OTS-NS ORDER ACTIVITIES CONTACT INFORMATION	
Email Address	Do Not Change. For OTS-NS use only. Email address of the OTS-NS contact.
Telephone	Telephone number of the OTS-NS contact.

Submit the completed form by email to NetworkOrders@la.gov