**Use F1 for Help or** [**Click Here for Form Instructions**](http://www.doa.la.gov/OTS/OTM/forms/ns105inst.pdf)

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|  |  |  |  |  |  |  |  |
| Existing AT&T Account Number |       |  | [ ]  | Disconnect This Account |
|  |  |  | [ ]  | Disconnect Audio Only License | How Many? |       |
|  |  |  | [ ]  | Disconnect Zoom License | How Many? |       |

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| **Service Information** |
| Agency  |       | Department |       |
| Requestor Contact |       | Telephone Number |       |
| Requestor Email Address |       |  |  |

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| **Host Information** |
| Host First Name (20 Characters Maximum) | Host Last Name (30 Characters Maximum) | Host Phone Number( no ( ) or - ) | Host Email Address | Host Physical Address | Host Mailing Address (25 Characters Maximum) | City | ZIP Code |
|       |       |       |       |       |       |       |       |
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| **Telecommunications Coordinator Approval** |
| Approved By (TC) |       | Date TC Approved |       |

**Save the form in Microsoft Word. Email a copy of the SAVED form to**

solacollab@list.att.com