

Louisiana Office of Technology Services Network Services

Capitol Park Request Form (NS-50)

OTS-NS Order No. _____

Agency _____ Contact _____

Address _____ Phone No. _____

City _____ Contact Email _____

Type of Service Desired

Innerduct _____

Fiber Optic Cable

Multi-mode No. Strands _____

Single-mode No. Strands _____

Source Bldg. _____ Room No. _____

Destination Bldg. _____ Room No. _____

Date Service Desired _____

Service Desired for What Purpose _____

(Cameras, HVAC, Card Access, CATV, etc.)

Equipment Brand Name _____ Model No. _____

Maximum dB Loss Budget _____

By signing below, the agency representative agrees to the conditions outlined in the [OTS Network Services Catalog of Services/Capitol Park Fiber Optic Cables and Innerduct](#).

Authorized Agency Representative Signature _____ Date _____

OTS Network Services Assessment

Requested Strands Available: Yes No

Prep Work Needed (Agency Expense) _____

Assignment Notes _____