

STATE OF CALIFORNIA

TELECOMMUNICATIONS SERVICE REQUEST

REQUEST IS FOR

- INFORMATION
- SERVICE

EXCEEDS SAM—

DOES NOT EXCEED SAM—

SEE SAM 4500 SECTIONS

AGENCY REQUEST NO.

DATE

SUBMIT ALL COPIES, INTACT, TO TELECOMMUNICATIONS DIVISION

DEPARTMENT

DIVISION, BUREAU, ETC.

ADDRESS OF PRESENT SERVICE (INCLUDE CITY AND ZIP)

ADDRESS OF REQUESTED SERVICE (INCLUDE CITY AND ZIP)

ROOM NO.

ROOM NO.

PERSON TO CONTACT FOR ACCESS

TELEPHONE NO.

LOCATION

ROOM NO.

BILLING ADDRESS (INCLUDE CITY AND ZIP)

VENDOR ACCT. NO.

UTILITY PRIMARY BILL NO.

TELEPHONE NUMBER(S) INVOLVED

REQUESTED DATE OF SERVICE

GENERAL SERVICES AGENCY CODE

CHECK TYPE OF REQUEST: (ATTACH COMPLETED BS 141 FORMS FOR ALL LINE REQUESTS)

BUSINESS SERVICE

ATSS (ATTACH ONE REPRESENTATIVE MONTH'S TOLL STATEMENT)

ATSS/DS

SINGLE LINE

KEYSYSTEM

PBX

STATE AGENCY

CENTREX SERVICE

TAX SUPPORTED (ATTACH COPY OF CHARTER OR OTHER DOCUMENTS SHOWING TAX SUPPORTED FUNDING)

SINGLE LINE

KEYSYSTEM

OTHER

WATS

FEX

MOBILE TELEPHONE

DEDICATED CIRCUITS

OTHER

BRIEFLY DESCRIBE PRESENT SERVICE

PRESENT EQUIPMENT VENDOR

SERVING UTILITY

BRIEFLY DESCRIBE SERVICE REQUESTED (ATTACH JUSTIFICATION)

TOTAL COST OF REQUESTED SERVICE—SEE STD 20V & 20U FOR ITEMIZED PRICING

METHOD OF ACQUISITION

RECURRING

NON-RECURRING

PURCHASE

INSTALLMENT PURCHASE

RENT

OTHER

APPROVAL BY AGENCY TELEPHONE COMMUNICATIONS REPRESENTATIVE

PRINTED OR TYPED NAME

TELEPHONE NO.

SIGNATURE

DATE

ATSS:

ADDRESS:

CITY

PUBLIC: ()

ZIP

TELECOMMUNICATIONS DIVISION

APPROVED

DISAPPROVED (SEE COMMENTS BELOW)

INFORMATION ONLY

PRINTED OR TYPED NAME

TELEPHONE NO.

SIGNATURE

DATE

ATSS:

COMMENTS:

PUBLIC: ()

DATE ORDER SENT TO VENDOR UTILITY