

STATE OF CALIFORNIA - California Department of Technology  
**TELECOMMUNICATIONS SERVICE REQUEST**  
STD. 20 (REV. 7/2013)

Print Form      Reset Form

1. AGENCY REQUEST NUMBER

2. DATE

3. TYPE OF REQUEST

*Attach additional information as needed*

Check all boxes that apply to this request

SERVICE

EQUIPMENT - Needs a Form 65

STMM Forms

OTHER

CONTRACTOR NAME

4. AGENCY INFORMATION

DEPARTMENT (Agency, Office, etc.)      CONTACT NAME      TELEPHONE NUMBER      FAX NUMBER

DIVISION (Unit, etc.)      GENERAL SERVICES AGENCY CODE      EMAIL ADDRESS

PRESENT SERVICE ADDRESS:      REQUESTED SERVICE ADDRESS:      BILLING ADDRESS:

5. ELIGIBILITY

STATE GOVERNMENT

LOCAL GOVERNMENT\*

FEDERAL GOVERNMENT\*

STMM Forms

Complete Section 6 - CATR / ATR Information below

\* Must complete a Non-State Agency Service Policy and an Authorization to Order (ATO) to obtain eligibility prior to first order.

6. CATR/ATR INFORMATION

NAME (Please type or print)      EMAIL ADDRESS      TELEPHONE NUMBER      FAX NUMBER

ADDRESS      CITY      STATE      ZIP CODE

SIGNATURE - This request complies with State telecommunications policies      TITLE      DATE

7. ORDER DETAIL

Additional Request

Delete Request

ADD       CHANGE      REQUESTED DATE OF SERVICE      QUANTITY      MONTHLY RECURRING COST (MRC)      NON-RECURRING COST (NRC)  
 DISCONNECT       MOVE

STATE CONTRACT NUMBER      FEATURE ID / USOC      EXISTING BILLING ACCOUNT NUMBER

DESCRIPTION

COMMENT