

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*

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.

STMM Forms

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