



LETTER OF AGENCY/AUTHORIZATION FOR CHANGE OF PROVIDERS.

City of Costa Mesa
79 Fair Drive
Costa Mesa, Ca 92626

- I understand that I can only pre-subscribe to one local dial tone provider, one intraLATA ("in-state", Connecticut) toll provider and one interLATA ("out-of-state", Connecticut) long distance provider for each working telephone number that is billed to me.
I also understand that the primary inter-LATA ("out-of-state", Connecticut) long distance carrier may be different from the primary intra-LATA ("in-state", Connecticut) long distance carrier or primary local exchange carrier and that the primary intra-LATA ("in-state", Connecticut) long distance carrier may be different from the primary local exchange carrier.
I understand that AT&T Telco1 and/or AT&T LD2 may have different calling areas, rates and charges than my current telephone company, and I am willing to be billed accordingly.
I authorize AT&T Telco and/or AT&T LD to act as our agent to take the steps necessary to switch providers.

Customer indicates type of Migration by initialing in the applicable space below.

x Full Migration Partial Migration

I understand and agree that for Full Migration, this authorization applies to the working telephone numbers and/or circuit numbers, together with related features, listed below: (Each individual working telephone number must be listed for a Full Migration.) For Partial Migration, this authorization only applies to the individual working telephone and/or circuit numbers, together with related features, that are listed below:

See Attachment # 1

If additional space is needed to list telephone and/or circuit numbers please attach a separate page. The person signing below must initial each additional page attached to this letter of agency/authorization.

(Required for Florida and Louisiana only: List Plan/Package Information)

Plan/Package/Service Name:

Plan/Package/Service Rate: (See Attached)

Terms and Conditions of Plan: (See Attached)

By initialing here and signing below, I authorize AT&T Telco to become my new local exchange carrier in place of my current telecommunications carrier. I authorize AT&T Telco to act as my agent to make this change happen and direct my current telecommunications carrier to work with AT&T Telco to make the change.

1 "AT&T Telco" means the applicable local telephone company subsidiary of AT&T Inc.: Southwestern Bell Telephone Company doing business as one of the following AT&T Arkansas, AT&T Kansas, AT&T Missouri, AT&T Oklahoma, and AT&T Texas; Pacific Bell Telephone Company d/b/a AT&T California; Nevada Bell Telephone Company d/b/a AT&T Nevada; Illinois Bell Telephone Company d/b/a AT&T Illinois; Indiana Bell Telephone Company, Incorporated d/b/a AT&T Indiana; Michigan Bell Telephone Company d/b/a AT&T Michigan; The Ohio Bell Telephone Company d/b/a AT&T Ohio; Wisconsin Bell, Inc. d/b/a AT&T Wisconsin; The Southern New England Telephone Company d/b/a AT&T Connecticut; BellSouth Telecommunications, Inc. doing business as one of the following AT&T Southeast, AT&T Alabama, AT&T Florida, AT&T Georgia, AT&T Kentucky, AT&T Louisiana, AT&T Mississippi, AT&T North Carolina, AT&T South Carolina, and AT&T Tennessee; AT&T Communications of the Southern States, LLC; TC Systems, Inc.; SBC Long Distance, LLC; or BellSouth Long Distance, Inc.

2 "AT&T LD" means the applicable long distance company subsidiary of AT&T Inc.: TC Systems, Inc; SNET America, Inc. d/b/a AT&T Long Distance East; SBC Long Distance, LLC d/b/a AT&T Long Distance; or BellSouth Long Distance, Inc. doing business as one of the following AT&T Long Distance Service or BellSouth Long Distance Service, Inc.



x_____ By initialing here and signing below, I authorize **AT&T LD and/or AT&T Telco** to become my new **intra-LATA (“in-state”, Connecticut) long distance** carrier in place of my current telecommunications carrier. I authorize AT&T Telco

and/or AT&T LD to act as my agent to make this change happen and direct my current telecommunications carrier to work with AT&T Telco and/or AT&T LD to make the change.

x_____ By initialing here and signing below, I authorize **AT&T LD** to become my new **inter-LATA (“out-of-state”, Connecticut) long distance** carrier in place of my current telecommunications carrier. I authorize AT&T Telco and/or AT&T LD to act as my agent to make this change happen and direct my current telecommunications carrier to work with AT&T Telco and/or AT&T LD to make the change.

Subscribers selecting the electronic signature option agree: an electronic Letter of Agency/Authorization shall for all legal purposes be considered a “writing;” any name or symbol of Subscriber affixed to or contained in the electronic Letter of Agency/Authorization shall be deemed to be the Subscriber’s valid signature expressing its intent to be bound; any electronic Letter of Agency/Authorization shall be deemed to comply with any applicable state law governing electronic signatures, electronic writings and/or electronic records; any electronic Letter of Agency/Authorization printed from files or records (including electronic files) obtained in a normal course of business shall be deemed an original and the admissibility thereof shall not be contested under any applicable best evidence rule or otherwise. Subscriber is solely responsible for taking all proper security and other procedures necessary to ensure that all transmissions of the electronic Letter of Agency/Authorization are authorized and correct. AT&T Telco and/or AT&T LD is not responsible for any incorrect information contained in an electronic Letter of Agency/Authorization (including, without limitation, any failure to receive an electronic Letter of Agency/Authorization), and Subscriber is bound by any electronic Letter of Agency/Authorization received by AT&T Telco and/or AT&T LD unless Subscriber notifies AT&T Telco and/or AT&T LD, in writing within five (5) days of the date of the signature that the signature is in error.

Subscriber understands that the signature or electronic signature below on this Letter of Agency/Authorization constitutes the Subscriber’s agreement under this Letter of Agency/Authorization and the applicable tariffs; the signatory must have authority to commit the Subscriber to the Letter of Agency/Authorization.

I certify that I have read and understand the above Letter of Agency/Authorization. I further certify that I am at least 18 years of age and authorized to change companies for services to the telephone numbers listed above.

I understand that I may be required to pay a one time charge per line to switch providers. If I later wish to return to my current service provider, I may be required to pay a reconnection charge to that company. I understand that by signing this document I am authorizing a change in my current telecommunication provider.

SUBSCRIBER: (Full Legal Business Name) City of Costa Mesa	If mailing, mail to:
By: (Signature) (Customer completes)	If emailing, email form to:
Print Name (Customer completes)	Complete ONE of the following for identification.
Title (Customer completes)	Customer Date of Birth (MM/DD/YYYY):
Telephone Number of individual authorized to act on behalf of customer:	Customer Federal Employment Identification Number (EIN):
If applicable, name of individual authorized to act for customer:	Last 4 digits of Customer Social Security Number:
Relationship to customer:	Customer Mother’s Maiden Name:
Date (Customer completes)	



I understand that by signing this document I am authorizing a change in my current telecommunication provider.

For information regarding this change please contact:

Mari Clem T. Leeper

714-284-2202

Account Manager – Public Sector

AT&T