

STATE OF CALIFORNIA
TELECOMMUNICATIONS SERVICE REQUEST
 (Attach additional information as needed)

1. AGENCY REQUEST NO.

2. DATE

04/16/2009

3. REQUEST IS FOR:	<input checked="" type="checkbox"/> SERVICE		<input type="checkbox"/> EQUIPMENT (needs a <u>Form 65</u>)		<input type="checkbox"/> OTHER		
4. AGENCY INFORMATION	DEPARTMENT City of Costa Mesa		DIVISION, BUREAU, ETC.		PERSON TO CONTACT FOR ACCESS Anna Tellez		
	E-MAIL ADDRESS atellez@ci.costa-mesa.ca.us.		TELEPHONE NO. 714-754-5142		FAX NO. 714-754-4911		
	ADDRESS OF <u>PRESENT</u> SERVICE (Include City, Zip Code, Room #'s) 79 Fair Drive Costa Mesa, Ca 92626			ADDRESS OF <u>REQUESTED</u> SERVICE (Include City, Zip Code, Room #'s) 79 Fair Drive Costa Mesa, Ca 92626			
	BILLING ADDRESS (Include City, Zip Code, Room #'s) 79 Fair Drive Costa Mesa Ca 92626				C60 Account Number		
	TELEPHONE NUMBER(S) INVOLVED		UTILITY PRIMARY BILL NO.		REQUESTED DATE OF SERVICE		GENERAL SERVICES AGENCY CODE
5. ELIGIBILITY	<input checked="" type="checkbox"/> STATE AGENCY		Must complete <u>Authorization to Order (ATO)</u> to obtain eligibility prior to first Form 20 request				
			<input type="checkbox"/> NON-PROFIT & TAX -SUPPORTED		<input type="checkbox"/> LOCAL GOVERNMENT (i.e. city, county)		
		<input type="checkbox"/> FEDERAL		<input type="checkbox"/> JOINT POWERS AGREEMENT			
6. CHECK TYPE OF REQUEST (Describe in Section 7)	<input checked="" type="checkbox"/> BUSINESS SERVICE			<input type="checkbox"/> CENTREX SERVICE			
	<input type="checkbox"/> SINGLE LINE <input type="checkbox"/> KEY SYSTEM <input type="checkbox"/> PBX <input type="checkbox"/> TRUNKS			<input type="checkbox"/> SINGLE LINE (s) <input type="checkbox"/> ISDN (Integrated Services Digital Network) <input type="checkbox"/> ACD (Automatic Call Distribution)			
	<input type="checkbox"/> DATA SERVICE			<input type="checkbox"/> CALNET CALLING CARD (Include TD-907)		<input type="checkbox"/> LONG DISTANCE SERVICE	
	<input type="checkbox"/> CELLULAR TELEPHONE			<input type="checkbox"/> LOCAL TOLL SERVICE			
<input type="checkbox"/> DGS-TD MASTER CONSULTING CONTRACT			<input type="checkbox"/> OTHER (Please Describe)				
7. ADDITIONAL INFORMATION	BRIEFLY DESCRIBE <u>PRESENT</u> SERVICE (Attach page as needed)			BRIEFLY DESCRIBE SERVICE <u>REQUESTED</u> (Attach page as needed.)			
	City of Costa Mesa does not have voice and data services on Calnet I			City of Costa Mesa would like to migrate existing voice and data services to Calnet II			
	SERVING UTILITY						
	TOTAL COST OF REQUESTED SERVICE			METHOD OF ACQUISITION			
RECURRING		NON-RECURRING		<input type="checkbox"/> PURCHASE		<input type="checkbox"/> INSTALLMENT PURCHASE	
				<input type="checkbox"/> RENT		<input type="checkbox"/> OTHER (Describe)	
8. CATR/ATR INFORMATION	NAME (PLEASE PRINT)		E-MAIL ADDRESS		TELEPHONE NO.		
	ADDRESS		CITY		STATE		
			ZIPCODE		CALNET:		
	TITLE				PUBLIC: ()		
SIGNATURE		"This request complies with SAM Chapter 4500, and state telecommunications policies."					

*SAM =State Administrative Manual *STMM = State Telecommunications Management Manual *ATR = Agency Telecommunications Representative STD. 20 Instructions