Print Clear

STATE OF CALIFORNIA

TELECOMMUNICATIONS SERVICE REQUEST

REQUEST IS FOR

☐ INFORMATION

☐ SERVICE

SUBMIT ALL COPIES, INTACT, TO TELECOMMUNICATIONS DIVISION

☐ EXCEEDS SAM —
☐ DOES NOT EXCEED SAM — } SEE SAM 4500 SECTIONS

AGENCY REQUEST NO.

DATE

DEPARTMENT	DIVISION, BUREAU, ETC.

ADDRESS OF PRESENT SERVICE (INCLUDE CITY AND ZIP)	ROOM NO.	ADDRESS OF REQUESTED SERVICE (INCLUDE CITY AND ZIP)	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

☐ BUSINESS SERVICE
- ☐ SINGLE LINE ☐ KEYSYSTEM ☐ PBX

☐ CENTREX SERVICE
- ☐ SINGLE LINE ☐ KEYSYSTEM

☐ CALDEX

☐ WATS

☐ FEX

☐ CALNET (ATTACH ONE REPRESENTATIVE MONTH'S)
- ☐ STATE AGENCY
- ☐ TAX SUPPORTED (ATTACH COPY OF CHARTER OR OTHER DOCUMENTS SHOWING TAX SUPPORTED)
- ☐ CALNET CALLING CARD (Include TD 907)
- ☐ OTHER

☐ DATA
- ☐ SWITCHED
- ☐ DEDICATED

☐ MOBILE TELEPHONE ☐ CELLULAR

☐ OTHER

BRIEFLY DESCRIBE PRESENT SERVICE

PRESENT EQUIPMENT VENDOR	SERVING UTILITY

BRIEFLY DESCRIBE SERVICE REQUESTED (ATTACH JUSTIFICATION)

TOTAL COST OF REQUESTED SERVICE	
RECURRING	NON-RECURRING

METHOD OF ACQUISITION

☐ PURCHASE ☐ INSTALLMENT PURCHASE

☐ RENT ☐ OTHER

APPROVAL BY AGENCY TELEPHONE COMMUNICATIONS REPRESENTATIVE

PRINTED OR TYPED NAME		TELEPHONE NO.
SIGNATURE	DATE	CALNET:
		PUBLIC:

ADDRESS: CITY ZIP

TELECOMMUNICATIONS DIVISION

☐ APPROVED ☐ DISAPPROVED (SEE COMMENTS BELOW) ☐ INFORMATION ONLY

PRINTED OR TYPED NAME		TELEPHONE NO.
SIGNATURE	DATE	CALNET:
		PUBLIC:

COMMENTS:

DATE ORDER SENT TO	
VENDOR	UTILITY

STD. 20 (REV. 11-92)