

**1. AGENCY REQUEST NUMBER**

**2. DATE**

**3. TYPE OF REQUEST**

*Attach additional information as needed*

Check all boxes that apply to this request

Service

Contractor Name

Equipment - *Needs a Form 65*

Other

**4. AGENCY INFORMATION**

Department

Contact Name

Telephone Number

Fax Number

Division

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.*

**6. CATR/ATR Information**

Name

Email Address

Telephone Number

Fax Number

Address

CITY

State

Zip Code

*This request complies with State telecommunications policies*

SIGNATURE

Title

Date

**7. ORDER DETAIL**

ADD

CHANGE

Requested Date of Service

Quantity

Monthly Recurring Cost (MRC)

Non-recurring Cost (NRC)

Disconnect

MOVE

State Contract Number

Feature ID/USOC/Product ID

Existing Billing Account Number

Description

Comment