

STATE OF CALIFORNIA  
 California Department of Technology  
 California Network and Telecommunications  
**TELECOMMUNICATIONS SERVICE REQUEST**

Form 20 Rev. 12/29/2022

<b>A. SERVICE REQUEST NUMBER</b>
<b>B. DATE</b>

**C. REQUEST TYPE AND CONTRACTOR INFORMATION:**

Please select one  SERVICE  EQUIPMENT - Needs a Form 65  OTHER	CONTRACTOR NAME and ADDRESS

**D. ENTITY INFORMATION**

DEPARTMENT (Entity, Office, etc.)	CONTACT NAME	TELEPHONE NUMBER
DIVISION (unit, etc.)	GENERAL SERVICES AGENCY CODE	EMAIL ADDRESS
PRESENT SERVICE ADDRESS:	REQUESTED SERVICE ADDRESS:	BILLING ADDRESS:

**E. ELIGIBILITY**

STATE GOVERNMENT <i>Complete Section F - CATR / ATR Information below</i>	LOCAL GOVERNMENT* <i>* Must complete a Non-State Entity Service Policy &amp; Agreement- and an Authorization to Order (ATO) to obtain eligibility prior to first order.</i>	FEDERAL GOVERNMENT*
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**F. CATR/ATR INFORMATION**

NAME	EMAIL ADDRESS	TELEPHONE NUMBER
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**G. ORDER DETAIL**

ADD	CHANGE	STATE CONTRACT NUMBER	BILLING ACCOUNT NUMBER	MISCELLANEOUS INFO.
MOVE	DISCONNECT			
REQUESTED DATE OF SERVICE	FEATURE ID / USOC / PRODUCT ID	QTY	MONTHLY RECURRING COST (MRC)	NON-RECURRING COST (NRC)
1.				
2.				
3.				

**Add FEATURE ID/USOC/PRODUCT ID line items page**

DESCRIPTION/COMMENTS

**Add DESCRIPTION/COMMENTS page**

*This request complies with State telecommunications policies*

CATR/ATR SIGNATURE	TITLE	DATE
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**(Check box to acknowledge the CATR/ATR approves any additional pages added to this request)**

Page Total: