

1. AGENCY REQUEST NUMBER
2. DATE

3. TYPE OF REQUEST

Attach additional information as needed

Check all boxes that apply to this request <input type="checkbox"/> SERVICE <input type="checkbox"/> EQUIPMENT - Needs a Form 65 STMM Forms <input type="checkbox"/> OTHER	CONTRACTOR NAME		


4. AGENCY INFORMATION

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

5. ELIGIBILITY

<input type="checkbox"/> STATE GOVERNMENT	<input type="checkbox"/> LOCAL GOVERNMENT*	<input type="checkbox"/> FEDERAL GOVERNMENT*	STMM Forms
<i>Complete Section 6 - CATR / ATR Information below</i>		<i>* Must complete a Non-State Agency Service Policy and an Authorization to Order (ATO) to obtain eligibility prior to first order.</i>	

6. CATR/ATR INFORMATION

NAME (Please type or print)	EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE - <i>This request complies with State telecommunications policies</i>	TITLE	DATE	
			

7. ORDER DETAIL

[Additional Request](#)

[Delete Request](#)

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	REQUESTED DATE OF SERVICE	QUANTITY	MONTHLY RECURRING COST (MRC)	NON-RECURRING COST (NRC)
<input type="checkbox"/> DISCONNECT	<input type="checkbox"/> MOVE				
STATE CONTRACT NUMBER	FEATURE ID / USOC	EXISTING BILLING ACCOUNT NUMBER			
DESCRIPTION					
COMMENT					