

STATE OF CALIFORNIA - California Department of Technology  
**TELECOMMUNICATIONS SERVICE REQUEST**  
 STD. 20 (REV 7/2013)

[Print Form](#) [Reset Form](#)

1. AGENCY REQUEST NUMBER

2. DATE

**3. TYPE OF REQUEST**

*Attach additional information as needed*

Check all boxes that apply to this request

SERVICE

EQUIPMENT - Needs a Form 65

[STMM Forms](#)

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**

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.

[STMM Forms](#)

**6. CATR/ATR INFORMATION**

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