STATE OF CALIFORNIA
California Department of Technology
California Network and Telecommunications

TELECOMMUNICATIONS SERVICE REQUEST

Form 20 Rev. 12/29/2022

Print Form | Save Form | Reset Form

A. SERVICE REQUEST NUMBER

B. DATE

C. REQUEST TYPE AND CONTRACTOR INFORMATION:

Please select one

☐ SERVICE
☐ EQUIPMENT - Needs a Form 65 — Forms
☐ 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
Complete Section F - CATR / ATR Information below

☐ LOCAL GOVERNMENT*
☐ FEDERAL GOVERNMENT*
** Must complete a Non-State Entity Service Policy & Agreement- and an Authorization to Order (ATO) to obtain eligibility prior to first order.*

Forms

F. CATR/ATR INFORMATION

NAME	EMAIL ADDRESS	TELEPHONE NUMBER

G. ORDER DETAIL

☐ ADD ☐ CHANGE ☐ MOVE ☐ DISCONNECT

STATE CONTRACT NUMBER	BILLING ACCOUNT NUMBER	MISCELLANEOUS INFO.

REQUESTED DATE OF SERVICE **1.**	FEATURE ID / USOC / PRODUCT ID	QTY	MONTHLY RECURRING COST (MRC)	NON-RECURRING COST (NRC)	
REQUESTED DATE OF SERVICE **2.**	FEATURE ID / USOC / PRODUCT ID	QTY	MONTHLY RECURRING COST (MRC)	NON-RECURRING COST (NRC)	
REQUESTED DATE OF SERVICE **3.**	FEATURE ID / USOC / PRODUCT ID	QTY	MONTHLY RECURRING COST (MRC)	NON-RECURRING COST (NRC)	

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

DESCRIPTION/COMMENTS

Add DESCRIPTION/COMMENTS page ADD

This request complies with State telecommunications policies

CATR/ATR SIGNATURE	TITLE	DATE

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

Page Total:

Form 20 Instructions — Form 20 Instructions
State Telecommunications Management Manual — STMM
State Administrative Manual — SAM
Authorization to Order — ATO Forms