



Agenda Item No. **3.7(1)**

Meeting Date: January 8, 2008

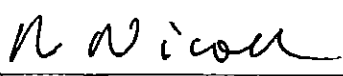
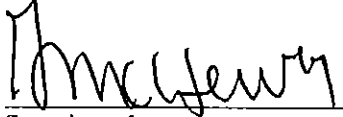
**AGENDA DOCKET FORM**

**SUBJECT:** Use CALNET II State Contract to Succeed CALNET Contract.

**SUMMARY:** Since 1999 Mt. Diablo Unified School District utilized the benefits of the CALNET State contract for voice and data services which was awarded to ATT (formerly SBC). On June 30, 2008 our CALNET contract expires and the State has awarded its RFP for CALNET II for voice and data once again to ATT. The original term of the contract is five years, with an option of two additional one-year extensions, and is expected to provide an overall 7 percent cost savings over our current CALNET contract pricing. The duration of this contract will be from July 1, 2008 to June 30, 2013.

**FISCAL IMPACT:** \$29,000 per month already budgeted in general fund, Program 5275

**RECOMMENDED ACTION:** Approve voice and data contract with ATT as presented.

<hr/> Department Head	 Assistant Superintendent	 Superintendent
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**Attachments:** MSA 1 includes local services (I.E. T1's, business lines.  
MSA 2 Includes Long Distance services and audio conferencing  
Form 20 required by state of California RFP  
Letter of Agency requesting long distance be moved to CAL NET2  
PIC/LPIC Freeze prevents our lines from being "slammed".

**EXHIBIT A-2 Universal Service Fund (E-Rate)****AUTHORIZATION TO ORDER UNDER STATE CONTRACT**

SBC Global Services, Inc. dba AT&T Global Services on behalf of Pacific Bell Telephone Company dba AT&T California ("AT&T") ("Contractor") and the State of California ("State") have entered into a Contract for California Integrated Information Network (CALNET) II ("CALNET II") Module 1 Services dated January 30, 2007 ("Contract"), for a term of five years. The State may, at its sole option, elect to extend the Contract term for up to two (2) additional periods of one (1) year each. Pursuant to the Contract, which is incorporated herein by reference, any public agency as defined in Government Code Section 11541 is allowed to order services and products solely as set forth in the Contract ("Service(s)").

A non-State public Agency (herein "Non-State Agency") shall also be required to complete and submit this Authorization to Order Under State Contract (ATO) prior to ordering Services. A description of the Service(s), applicable rates and charges and the specific terms and conditions under which the Service(s) will be provided to a Non-State Agency are fully set forth in the Contract. Access to the Contract is available at [www.stnd.dts.ca.gov](http://www.stnd.dts.ca.gov).

**Mt. Diablo Unified School District** ("Non-State Agency") desires to order Service(s) and Contractor agrees to provide such Service(s) as identified in the State of California. Telecommunications Service Request (STD. 20), pursuant to the terms and conditions and rate tables contained in the Contract. Customer intends to seek Universal Service Funding (E-Rate) for eligible services provided under this ATO.

1. This ATO shall become effective upon execution by Non-State Agency, Contractor, and the Department of Technology Services, Statewide Telecommunications and Network Division (DTS/STND) ("Effective Date"). No Service(s) shall be ordered by Non-State Agency or provided by Contractor until this ATO has been executed by both parties and approved by DTS/STND. The Service(s) ordered under this Authorization to Order shall commence on July 1, 2008 ("Service Date"). Upon the Service Date, this ATO supersedes and replaces all the existing serving arrangements between Contractor and Customer for the Service(s) being ordered under this ATO.
2. With respect to Services ordered under this ATO, Non-State Agency hereby agrees to obtain such Services exclusively through the Contract and this ATO for a two (2) year commitment period starting from the Effective Date of the ATO, provided that such commitment does not extend beyond the Term of the Contract, including any extension periods. Any Services ordered subsequent to the end of the two (2) year commitment period shall not extend the two (2) year commitment period.
3. Upon expiration of the two (2) year commitment period, this ATO shall continue in effect through the remainder of the Term of the Contract, unless earlier terminated by Non-State Agency. The Non-State Agency will automatically continue to receive Services at Contract terms and conditions when the two year commitment period completes, and may add, delete or change Services without penalty or additional commitment periods (unless a specific Service requires a term per the Contract).

4. Subject to paragraph 5 below, Non-State Agency may terminate this ATO, for specific Service(s) or in total, prior to termination of the Contract by providing the Contractor with thirty (30) calendar days written notice of cancellation.
5. If Non-State Agency elects to terminate Service prior to completion of the two (2) year commitment period, a termination charge may apply. The termination charge may not exceed sixty-five percent (65%) of the Non-State Agency's average monthly bill for the disconnected Service(s) multiplied by the number of full months remaining in the two (2) year commitment period. If Service(s) are terminated after the two (2) year commitment period, no termination liability shall apply.
6. No termination charge will be assessed when Non-State Agency transfers Service(s) to a like Service offered under this Contract, or from one CALNET II Module to another, if the Contractor is the same for both Modules or is affiliated with the Contractor for the other Module.
7. By executing this ATO, Non-State Agency agrees to subscribe to and Contractor agrees to provide Service(s) in accordance with the terms and conditions of this ATO and the Contract. Within seven (7) business days after execution of this ATO by Non-State Agency and Contractor, Contractor shall deliver this ATO to DTS/STND for review and approval.
8. The DTS/STND will provide Contract management and oversight, and upon request by the Non-State Agency or Contractor, will advocate to resolve Contract service issues. The ATO and any resulting STD. 20 is a Contract between the Non-State Agency and the Contractor. The State will not represent the Non-State Agency in resolution of litigated disputes between the parties.
9. Non-State Agency, upon execution of this ATO, certifies that Non-State Agency understands that Contractor and the State may, from time to time and without Non-State Agency's consent, amend the terms and conditions of the Contract thereby affecting the terms of service Non-State Agency receives from Contractor.
10. Non-State Agency, upon execution of this ATO, certifies that Non-State Agency has reviewed the terms and conditions, including the rates and charges, of the Contract.
11. Non-State Agency, upon execution of this ATO, certifies the Non-State Agency understands that billing invoices for Service(s) subscribed to under the Contract are subject to review and/or audit by the State pursuant to provisions of the Contract.
12. All Service(s) ordered under this ATO will be submitted using the STD. 20, signed by the Non-State Agency's authorized signatory. Any additions or deletions to Service(s) shall likewise be accomplished by submission of a STD. 20, noting changes.
13. Non-State Agency may, by placing Service orders issued by its duly authorized representative with Contractor, order any of the Service(s) listed in the Contract. Contractor shall bill Non-State Agency, and Non-State Agency shall pay Contractor according to the terms and conditions and rate tables set forth in the Contract for such Service(s).
14. If the Service(s) ordered under a STD. 20 are installed, and after the first fiscal year funds are not appropriated to enable the Non-State Agency to continue paying for services, or universal service

discounts are not received, the Non-State Agency may terminate impacted Service(s) without penalty.

15. Whenever any notice or demand is to be given under this Contract to Contractor or Non-State Agency, the notice shall be in writing and addressed to the following:

Non-State Agency:  
Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord, CA 94519-1358  
Attn:

Contractor:  
AT&T  
610 Sequoia Pacific Blvd.  
Sacramento, CA 95814  
Attn: Contract Program Manager

Notices delivered by overnight courier service shall be deemed delivered on the day following mailing. Notices mailed by U.S. Mail, postage prepaid, registered or certified with return receipt requested, shall be deemed delivered five (5) days after mailing. Notices delivered by any other method shall be deemed given upon receipt.

IN WITNESS WHEREOF, the parties hereto have caused this ATO to be executed on the date shown below by their respective duly authorized representatives

Contractor:  
\_\_\_\_\_

Non-State Agency:  
\_\_\_\_\_

By:  
\_\_\_\_\_

By:  
\_\_\_\_\_

Title:  
\_\_\_\_\_

Title:  
\_\_\_\_\_

Date Signed:  
\_\_\_\_\_

Date Signed:  
\_\_\_\_\_

Approved By:  
Department of Technology Services,  
Statewide Telecommunications and Network Division

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Selected Services	Voice Services - Core Services Products	Customer Initials
<input checked="" type="checkbox"/>	Bus Access Lines	
<input checked="" type="checkbox"/>	Central Office Exchange Basic Services (Centrex)	
<input checked="" type="checkbox"/>	Central Office Trunk Services (SuperTrunk/PBX/DID)	
<input type="checkbox"/>	Locally Based Automatic Call Distribution (ACD) (Available Option w/CII Centrex)	
<input type="checkbox"/>	Interactive Voice Response (IVR)	
<input type="checkbox"/>	Specialized Call Routing (Call Router)	
<input type="checkbox"/>	Computer Telephone Integration (CTI) (Compucall)	
<input type="checkbox"/>	Voice Mail Services (Available Option w/CII Exchange Svcs)	
Selected Services	Data Services - Core Services Products	Customer Initials
<input checked="" type="checkbox"/>	Data Transmission Services (Analog Service, Carrier DS0 (ADN),Carrier DS1 (Hicap/T1),Carrier DS3)	
	Gigabit Ethernet Metropolitan Area Network (MAN) (GigaMAN, MON, OPT-E-MAN, CSME,EPLS-WAN, ESS-MAN)	
<input type="checkbox"/>	Multi Protocol Label Switching (MPLS) (AVPN, Network Based Firewall, ANIRA )	
	Synchronous Optical Network (SONET) (Point-Point SONET, Ethernet-over SONET, SONET Ring ICB)	
<input type="checkbox"/>	ISDN (BRI)	
<input checked="" type="checkbox"/>	ISDN (PRI) (PBX/DID)	
<input checked="" type="checkbox"/>	Switched 56/Switched Digital Services (SDS)	
<input checked="" type="checkbox"/>	Frame Relay & ATM (Managed or Non Managed)	
<input type="checkbox"/>	Internet	
<input type="checkbox"/>	DSL Agency Hosted (DSL)	
<input type="checkbox"/>	DSL DSL Virtual Private Network (AVPN, Network Based Firewall, ANIRA)	
Included Services	Other Services - Core Services Products	Automatic Coverage
	IntraLata Calling (Local Usage Zone 1-3) (Included on CII Exchange Services)	
	Bldg. Wiring Services (Automatic Service Coverage on CII Svcs) Jacks/Wiring Inside Wire Repair Plan(Voice)(If subscribed to) Inside Wire Repair Plan(Data)(If subscribed to)	

**EXHIBIT A-2 Universal Service Fund (E-Rate)**

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Attn:

Contractor:

AT&T

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Sacramento, CA 95814

Attn: Contract Program Manager

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Non-State Agency:

\_\_\_\_\_

\_\_\_\_\_

By:

By:

\_\_\_\_\_

\_\_\_\_\_

Title:

Title:

\_\_\_\_\_

\_\_\_\_\_

Date Signed:

Date Signed:

\_\_\_\_\_

\_\_\_\_\_

Approved By:

Department of Technology Services,

Statewide Telecommunications and Network Division

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Mt. Diablo

Unified School District

MSA 2 ATTACHMENT 1

Selected Services	Long Distance - Voice Services	Customer Initials
<input checked="" type="checkbox"/>	Long Distance Calling Services (Includes Intralata Toll)	
<input type="checkbox"/>	900 Services	
<input type="checkbox"/>	Automatic Call Distributor (ACD) Services	
<input type="checkbox"/>	Network Based Interactive Voice Response (IVR) Services	
<input type="checkbox"/>	Computer Telephone Integration (CTI) for Network Based ACD	
<input type="checkbox"/>	Toll Free Services	
<input type="checkbox"/>	International Toll Free Services	
<input type="checkbox"/>	Calling Card Services	
<input type="checkbox"/>	Pre-Paid Calling Services	
<input checked="" type="checkbox"/>	Network Audio Conferencing Service	
<input type="checkbox"/>	Network Conferencing (Web Conferencing)	
<b>Included Services</b>	<b>Other Services - Long Distance Voice Services</b>	<b>Automatic Coverage</b>
	Bldg. Wiring Services (Automatic Service Coverage on CII Svcs) Jacks/Wiring	

3.7(12)

STATE OF CALIFORNIA  
TELECOMMUNICATIONS SERVICE REQUEST  
(Attach additional information as needed)

1. AGENCY REQUEST NO  
14930299  
2. DATE

3. REQUEST IS FOR:	<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> EQUIPMENT (needs a Form 65)	<input type="checkbox"/> OTHER
4. AGENCY INFORMATION	DEPARTMENT Mt. Diablo Unified School District		DIVISION, BUREAU, ETC.
	PERSON TO CONTACT FOR ACCESS		
	E-MAIL ADDRESS		TELEPHONE NO. ( )
	FAX NO. ( )		
	ADDRESS OF PRESENT SERVICE (Include City, Zip Code, Room #'s) 1936 Carlotta Dr. Concord, CA 94519		ADDRESS OF REQUESTED SERVICE (Include City, Zip Code, Room #'s)
BILLING ADDRESS (Include City, Zip Code, Room #s) 1936 Carlotta Dr.		C60 Account Number	
TELEPHONE NUMBER(S) INVOLVED		UTILITY PRIMARY BILL NO.	REQUESTED DATE OF SERVICE
GENERAL SERVICES AGENCY CODE			
5. ELIGIBILITY	Must complete Authorization to Order (ATO) to obtain eligibility prior to first Form 20 request		
	<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> NON-PROFIT & TAX -SUPPORTED	<input checked="" type="checkbox"/> LOCAL GOVERNMENT (i.e. city, county)
	<input type="checkbox"/> FEDERAL	<input type="checkbox"/> JOINT POWERS AGREEMENT	
6. CHECK TYPE OF REQUEST (Describe in Section 7)	<input checked="" type="checkbox"/> BUSINESS SERVICE		<input type="checkbox"/> CENTREX SERVICE
	<input type="checkbox"/> SINGLE LINE	<input type="checkbox"/> KEY SYSTEM	<input type="checkbox"/> SINGLE LINE (s)
	<input type="checkbox"/> PBX	<input type="checkbox"/> TRUNKS	<input type="checkbox"/> ISDN (Integrated Services Digital Network)
	<input type="checkbox"/> DATA SERVICE		<input type="checkbox"/> ACD (Automatic Call Distribution)
	<input type="checkbox"/> CELLULAR TELEPHONE	<input type="checkbox"/> CALNET CALLING CARD (Include TD-907)	<input type="checkbox"/> LONG DISTANCE SERVICE
<input type="checkbox"/> DGS-TD MASTER CONSULTING CONTRACT	<input type="checkbox"/> LOCAL TOLL SERVICE		
		<input type="checkbox"/> OTHER (Please Describe) Signing Calnet 2 Contract	
7. ADDITIONAL INFORMATION	BRIEFLY DESCRIBE PRESENT SERVICE (Attach page as needed)		BRIEFLY DESCRIBE SERVICE REQUESTED (Attach page as needed.) See Attached List of services
	SERVING UTILITY		
	TOTAL COST OF REQUESTED SERVICE		METHOD OF ACQUISITION
	RECURRING	NON-RECURRING	<input type="checkbox"/> PURCHASE
		<input type="checkbox"/> INSTALLMENT PURCHASE	
		<input type="checkbox"/> RENT	
		<input type="checkbox"/> OTHER (Describe)	
8. CATR/ATR INFORMATION	NAME (PLEASE PRINT)		E-MAIL ADDRESS
	ADDRESS		TELEPHONE NO.
	CITY	STATE	ZIPCODE
	TITLE		CALNET: PUBLIC: ( ) DATE



STATE OF CALIFORNIA  
**TELECOMMUNICATIONS SERVICE REQUEST**  
 (Attach additional information as needed)

37(1A)  
 1. AGENCY REQUEST NO. 14930299  
 2. DATE

<b>3. REQUEST IS FOR:</b>	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> EQUIPMENT (needs a <u>Form 65</u> ) <input type="checkbox"/> OTHER		
<b>4. AGENCY INFORMATION</b>	DEPARTMENT	DIVISION, BUREAU, ETC.	PERSON TO CONTACT FOR ACCESS
	Mt. Diablo Unified School District		Joe Estrada
	E-MAIL ADDRESS	TELEPHONE NO.	FAX NO
	estradaej@mdusd.k12.ca.us	(925) 682-8000 X4501	(925) 825-0273
	ADDRESS OF <u>PRESENT</u> SERVICE (Include City, Zip Code, Room #'s)	ADDRESS OF <u>REQUESTED</u> SERVICE (Include City, Zip Code, Room #'s)	
1936 Carlotta Dr. Concord, CA 94519			
BILLING ADDRESS (Include City, Zip Code, Room #'s)	C60 Account Number		
1936 Carlotta Dr.			
TELEPHONE NUMBER(S) INVOLVED	UTILITY PRIMARY BILL NO.	REQUESTED DATE OF SERVICE	GENERAL SERVICES AGENCY CODE
<b>5. ELIGIBILITY</b>	Must complete <u>Authorization to Order (ATO)</u> to obtain eligibility prior to first Form 20 request		
	<input type="checkbox"/> STATE AGENCY  <input type="checkbox"/> FEDERAL	<input type="checkbox"/> NON-PROFIT & TAX-SUPPORTED	<input checked="" type="checkbox"/> LOCAL GOVERNMENT (i.e. city, county)  <input type="checkbox"/> JOINT POWERS AGREEMENT
<b>6. CHECK TYPE OF REQUEST</b> <small>(Describe in Section 7)</small>	<input checked="" type="checkbox"/> BUSINESS SERVICE <input type="checkbox"/> SINGLE LINE <input type="checkbox"/> KEY SYSTEM <input type="checkbox"/> PBX <input type="checkbox"/> TRUNKS		<input type="checkbox"/> CENTREX SERVICE <input type="checkbox"/> SINGLE LINE (s) <input type="checkbox"/> ISDN (Integrated Services Digital Network) <input type="checkbox"/> ACD (Automatic Call Distribution)
	<input type="checkbox"/> DATA SERVICE	<input type="checkbox"/> CALNET CALLING CARD (Include TD-907)	<input type="checkbox"/> LONG DISTANCE SERVICE
	<input type="checkbox"/> CELLULAR TELEPHONE	<input type="checkbox"/> LOCAL TOLL SERVICE	
	<input type="checkbox"/> DGS-TD MASTER CONSULTING CONTRACT	<input type="checkbox"/> OTHER (Please Describe) Signing Calnet 2 Contract	
<b>7. ADDITIONAL INFORMATION</b>	BRIEFLY DESCRIBE <u>PRESENT</u> SERVICE (Attach page as needed)		BRIEFLY DESCRIBE SERVICE <u>REQUESTED</u> (Attach page as needed.)
			See Attached List of services
	SERVING UTILITY		
	TOTAL COST OF REQUESTED SERVICE		METHOD OF ACQUISITION
RECURRING	NON-RECURRING	<input type="checkbox"/> PURCHASE <input type="checkbox"/> INSTALLMENT PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> OTHER (Describe)	
<b>1. CATR/ATR INFORMATION</b>	NAME (PLEASE PRINT)		E-MAIL ADDRESS
	ADDRESS		TELEPHONE NO.
	CITY	STATE	ZIPCODE
TITLE			CALNET:  PUBLIC: (    )  DATE





3.7(16)

LETTER OF AGENCY FOR ACCESS TO CURRENT PROVIDER TELEPHONE RECORDS

Customer/Account Business Name: Mt. Diablo Unified School District
Customer Billing Name: Mt. Diablo Unified School District
Customer Billing Address: 1936 Carlotta Dr., Concord, CA. 94519
Customer/Account Number: 925-682-8000

Attention: AT&T

I have on this date entered into an agreement with AT&T Telco<sup>1</sup> and/or AT&T LD<sup>2</sup>, subsidiaries of AT&T Inc. to become our new telephone/circuit service provider. I understand and agree that AT&T Telco/and or AT&T LD is the carrier that will set the rates for our new telephone/circuit service.

Under the terms of this letter, I do hereby authorize AT&T Telco and/or AT&T LD to take the steps necessary to immediately access any and all records that are in AT&T Telco and/or AT&T LD possession, or that are provided by my current provider, or any other telephone/circuit service provider pertaining to my existing telephone and/or circuit service that are needed to discuss conversion to AT&T Telco and/or AT&T LD service. This Letter of Agency does not authorize AT&T Telco and/or AT&T LD to change my telephone/circuit service provider.

This authorization does not prevent our company from acting on its own behalf when it is necessary.

Customer indicates type of Migration by initialing in the applicable space below.

\_\_\_X\_\_\_ Full Migration \_\_\_\_\_ Partial Migration

I understand and agree that for Full Migration, this authorization applies to the working telephone numbers and/or circuit numbers, together with related features, listed below: (Each individual working telephone number must be listed for a Full Migration.) For Partial Migration, this authorization only applies to the individual working telephone and/or circuit numbers, together with related features, that are listed below:

Multiple horizontal lines for listing telephone numbers and features.

1 "AT&T Telco" means the applicable local telephone company subsidiary of AT&T Inc.: Southwestern Bell Telephone Company doing business as one of the following AT&T Arkansas, AT&T Kansas, AT&T Missouri, AT&T Oklahoma, and AT&T Texas; Pacific Bell Telephone Company d/b/a AT&T California; Nevada Bell Telephone Company d/b/a AT&T Nevada; Illinois Bell Telephone Company d/b/a AT&T Illinois; Indiana Bell Telephone Company, Incorporated d/b/a AT&T Indiana; Michigan Bell Telephone Company d/b/a AT&T Michigan; The Ohio Bell Telephone Company d/b/a AT&T Ohio; Wisconsin Bell, Inc. d/b/a AT&T Wisconsin; The Southern New England Telephone Company d/b/a AT&T Connecticut; BellSouth Telecommunications, Inc. doing business as one of the following AT&T Southeast, AT&T Alabama, AT&T Florida, AT&T Georgia, AT&T Kentucky, AT&T Louisiana, AT&T Mississippi, AT&T North Carolina, AT&T South Carolina, and AT&T Tennessee; AT&T Communications of the Southern States, LLC; TC Systems, Inc.; SBC Long Distance, LLC; or BellSouth Long Distance, Inc.

2 "AT&T LD" means: the applicable long distance company subsidiary of AT&T Inc.: SNET America, Inc. d/b/a AT&T Long Distance East; SBC Long Distance, LLC d/b/a AT&T Long Distance; or BellSouth Long Distance, Inc. d/b/a AT&T Long Distance Service, or TC Systems, Inc.



If additional space is needed to list telephone and/or circuit numbers, please attach a separate page. The person signing below must initial each additional page attached to this Letter of Agency.

Subscribers selecting the electronic signature option agree: an electronic Letter of Agency shall for all legal purposes be considered a "writing"; any name or symbol of Subscriber affixed to or contained in the electronic Letter of Agency shall be deemed to be the Subscriber's valid signature expressing its intent to be bound; any electronic Letter of Agency shall be deemed to comply with any applicable state law governing electronic signatures, electronic writings and/or electronic records; any electronic Letter of Agency printed from files or records (including electronic files) obtained in a normal course of business shall be deemed an original and the admissibility thereof shall not be contested under any applicable best evidence rule or otherwise. Subscriber is solely responsible for taking all proper security and other procedures necessary to ensure that all transmissions of the electronic Letter of Agency are authorized and correct. AT&T Telco and/or AT&T LD is not responsible for any incorrect information contained in an electronic Letter of Agency (including, without limitation, any failure to receive an electronic Letter of Agency), and Subscriber is bound by any electronic Letter of Agency received by AT&T Telco and/or AT&T LD unless Subscriber notifies AT&T Telco and/or AT&T LD, in writing within five (5) days of the date of the signature that the signature is in error.

Subscriber understands that the signature or electronic signature below on this Letter of Agency constitutes the Subscriber's agreement under this Letter of Agency and the applicable tariffs; the signatory must have authority to commit the Subscriber to the Letter of Agency.

I certify that I have read and understand the above Letter of Agency. I further certify that I am at least 18 years of age and authorized to grant access to the records on the telephone and/or circuit numbers listed above.

<b>SUBSCRIBER: (Full Legal Business Name)</b> Piedmont Unified School District	<b>If mailing, mail to:</b>
<b>By: (Signature) (Customer completes)</b>	<b>If emailing, email form to:</b>
<b>Print Name (Customer completes)</b>	<b>Complete ONE of the following for identification.</b>
<b>Title: (Customer completes)</b>	<b>Customer Date of Birth (MM/DD/YYYY):</b>
<b>Telephone Number of individual authorized to act on behalf of customer:</b>	<b>Customer Federal Employment Identification Number (EIN):</b>
<b>If applicable, name of individual authorized to act for customer:</b>	<b>Last 4 digits of Customer Social Security Number:</b>
<b>Relationship to customer:</b>	<b>Customer Mother's Maiden Name:</b>
<b>Date (Customer completes)</b>	

For information regarding this change please contact:



3.7(18)

LETTER OF AGENCY/AUTHORIZATION FOR CHANGE OF PROVIDERS

Customer/Account Business Name: Mt. Diablo Unified School District
Customer Billing Name: Mt. Diablo Unified School District
Customer Billing Address: 1936 Carlotta Dr. Concord, CA 94519
Customer/Account Number: 925-682-8000.

- I understand that I can only pre-subscribe to one local dial tone provider, one intraLATA ("in-state", Connecticut) toll provider and one interLATA ("out-of-state", Connecticut) long distance provider for each working telephone number that is billed to me.
I also understand that the primary inter-LATA ("out-of-state", Connecticut) long distance carrier may be different from the primary intra-LATA ("in-state", Connecticut) long distance carrier or primary local exchange carrier and that the primary intra-LATA ("in-state", Connecticut) long distance carrier may be different from the primary local exchange carrier.
I understand that AT&T Telco<sup>1</sup> and/or AT&T LD<sup>2</sup> may have different calling areas, rates and charges than my current telephone company, and I am willing to be billed accordingly.
I authorize AT&T Telco and/or AT&T LD to act as our agent to take the steps necessary to switch providers.

Customer indicates type of Migration by initialing in the applicable space below.

X Full Migration Partial Migration

I understand and agree that for Full Migration, this authorization applies to the working telephone numbers and/or circuit numbers, together with related features, listed below: (Each individual working telephone number must be listed for a Full Migration.) For Partial Migration, this authorization only applies to the individual working telephone and/or circuit numbers, together with related features, that are listed below:

If additional space is needed to list telephone and/or circuit numbers please attach a separate page. The person signing below must initial each additional page attached to this letter of agency/authorization.

(Required for Florida and Louisiana only: List Plan/Package Information)

Plan/Package/Service Name:
Plan/Package/Service Rate: (See Attached)
Terms and Conditions of Plan: (See Attached)

By initialing here and signing below, I authorize AT&T Telco to become my new local exchange carrier in place of my current telecommunications carrier. I authorize AT&T Telco to act as my agent to make this change happen and direct my current telecommunications carrier to work with AT&T Telco to make the change.

1 "AT&T Telco" means the applicable local telephone company subsidiary of AT&T Inc.: Southwestern Bell Telephone Company doing business as one of the following AT&T Arkansas, AT&T Kansas, AT&T Missouri, AT&T Oklahoma, and AT&T Texas; Pacific Bell Telephone Company d/b/a AT&T California; Nevada Bell Telephone Company d/b/a AT&T Nevada; Illinois Bell Telephone Company d/b/a AT&T Illinois; Indiana Bell Telephone Company, Incorporated d/b/a AT&T Indiana; Michigan Bell Telephone Company d/b/a AT&T Michigan; The Ohio Bell Telephone Company d/b/a AT&T Ohio; Wisconsin Bell, Inc. d/b/a AT&T Wisconsin; The Southern New England Telephone Company d/b/a AT&T Connecticut; BellSouth Telecommunications, Inc. doing business as one of the following AT&T Southeast, AT&T Alabama, AT&T Florida, AT&T Georgia, AT&T Kentucky, AT&T Louisiana, AT&T Mississippi, AT&T North Carolina, AT&T South Carolina, and AT&T Tennessee; AT&T Communications of the Southern States, LLC; TC-Systems, Inc.; SBC Long Distance, LLC; or BellSouth Long Distance, Inc.

2 "AT&T LD" means the applicable long distance company subsidiary of AT&T Inc.: TC Systems, Inc; SNET America, Inc. d/b/a AT&T Long Distance East; SBC Long Distance, LLC d/b/a AT&T Long Distance; or BellSouth Long Distance, Inc. doing business as one of the following AT&T Long Distance Service or BellSouth Long Distance Service, Inc.



3.7(A)

\_\_\_\_\_ By initialing here and signing below, I authorize **AT&T LD and/or AT&T Telco** to become my new **intra-LATA ("in-state", Connecticut) long distance carrier** in place of my current telecommunications carrier. I authorize AT&T Telco

and/or AT&T LD to act as my agent to make this change happen and direct my current telecommunications carrier to work with AT&T Telco and/or AT&T LD to make the change.

\_\_\_\_\_ By initialing here and signing below, I authorize **AT&T LD** to become my new **inter-LATA ("out-of-state", Connecticut) long distance carrier** in place of my current telecommunications carrier. I authorize AT&T Telco and/or AT&T LD to act as my agent to make this change happen and direct my current telecommunications carrier to work with AT&T Telco and/or AT&T LD to make the change.

Subscribers selecting the electronic signature option agree: an electronic Letter of Agency/Authorization shall for all legal purposes be considered a "writing;" any name or symbol of Subscriber affixed to or contained in the electronic Letter of Agency/Authorization shall be deemed to be the Subscriber's valid signature expressing its intent to be bound; any electronic Letter of Agency/Authorization shall be deemed to comply with any applicable state law governing electronic signatures, electronic writings and/or electronic records; any electronic Letter of Agency/Authorization printed from files or records (including electronic files) obtained in a normal course of business shall be deemed an original and the admissibility thereof shall not be contested under any applicable best evidence rule or otherwise. Subscriber is solely responsible for taking all proper security and other procedures necessary to ensure that all transmissions of the electronic Letter of Agency/Authorization are authorized and correct. AT&T Telco and/or AT&T LD is not responsible for any incorrect information contained in an electronic Letter of Agency/Authorization (including, without limitation, any failure to receive an electronic Letter of Agency/Authorization), and Subscriber is bound by any electronic Letter of Agency/Authorization received by AT&T Telco and/or AT&T LD unless Subscriber notifies AT&T Telco and/or AT&T LD, in writing within five (5) days of the date of the signature that the signature is in error.

Subscriber understands that the signature or electronic signature below on this Letter of Agency/Authorization constitutes the Subscriber's agreement under this Letter of Agency/Authorization and the applicable tariffs; the signatory must have authority to commit the Subscriber to the Letter of Agency/Authorization.

I certify that I have read and understand the above Letter of Agency/Authorization. I further certify that I am at least 18 years of age and authorized to change companies for services to the telephone numbers listed above.

I understand that I may be required to pay a one time charge per line to switch providers. If I later wish to return to my current service provider, I may be required to pay a reconnection charge to that company. I understand that by signing this document I am authorizing a change in my current telecommunication provider.

<b>SUBSCRIBER: (Full Legal Business Name)</b> Mt. Diablo Unified School District	<b>If mailing, mail to:</b>
<b>By: (Signature) (Customer completes)</b>	<b>If emailing, email form to:</b>
<b>Print Name (Customer completes)</b>	<b>Complete ONE of the following for identification.</b>
<b>Title (Customer completes)</b>	<b>Customer Date of Birth (MM/DD/YYYY):</b>
<b>Telephone Number of individual authorized to act on behalf of customer:</b>	<b>Customer Federal Employment Identification Number (EIN):</b>
<b>If applicable, name of individual authorized to act for customer:</b>	<b>Last 4 digits of Customer Social Security Number:</b>
<b>Relationship to customer:</b>	<b>Customer Mother's Maiden Name:</b>
<b>Date (Customer completes)</b>	



3.7(20)

I understand that by signing this document I am authorizing a change in my current telecommunication provider.

For information regarding this change please contact:

**Indiana Customers Only:**

Indiana consumers have the right to file a complaint with the Consumer Affairs Division of the Indiana Utility Regulatory Commission if there is a dispute between parties.

Indiana Utility Regulatory Commission - Consumer Affairs Division  
National City Center 101 West Washington Street, Suite 1500E  
Indianapolis, IN 46204

Toll Free Complaint Line 1.800.851.4268 (Instate only)  
1.317.232.2700 (local) 1.317.232.8556 (tty/tdd)



3.7(22)

LETTER OF AGENCY – SLAMMING PROTECTION
AUTHORIZATION TO IMPLEMENT
PREFERRED TELECOMMUNICATIONS UTILITY SLAMMING PROTECTION
BUSINESS CUSTOMERS

Customer Billing Name: Mt. Diablo Unified School District

Telephone No: 925-682-8000

[Customer Billing Name]

[Customer's Telephone Number]

Service Address: 1963 Carlotta Dr., Concord, CA 94519

Billing Address: same

By signing this form, you are requesting that AT&T place Slamming protection on your local toll and/or long distance service(s). While this slamming protection is in place, no changes will be made to your telecommunications service providers(s). The purpose of slamming protection is to deter "slamming" (the switching of your telephone service to a carrier without your authorization). You may lift the slamming protection at any time by calling AT&T at \_\_\_\_\_ or by sending a

[AT&T Business Office Telephone Number]

written request to AT&T at ch9453@ATT.COM.

[AT&T Sales personnel business address]

Your written request should be signed and dated and should include a statement that you wish the slamming protection to be lifted. It should also include your service address (and mailing address if different), a listing of the telephone numbers affected, and the services covered by the slamming protection (local toll and/or long distance service(s)). After the slamming protection is lifted, you may request a change to a new telecommunications service provider. Separate procedures for verification of your request to change your telecommunications service provider will apply at the time, in accordance with state or federal law.

You may add or lift slamming protection at any time at no charge.

Please complete the following for each service for which you are requesting slamming protection for:

- 1. [X] I authorize AT&T to implement slamming protection for the telephone number(s) listed below for local toll service.

SEE ATTACHED LIST

Current Preferred Local Toll Company

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2. [X] I authorize AT&T to implement slamming protection for the telephone number(s) listed below for long distance service.

Current Preferred Long Distance Company

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3.7(23)

The numbers listed below represent the billing telephone number(s) which will have Slamming Protection as specified above. This change applies to all working telephone numbers associated with the billing telephone numbers shown below, unless stated otherwise or unless you notify us otherwise. If more space is needed, please attach a separate list. The person signing below must initial each additional page.

Telephone numbers to be changed:

See Attached

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that I have read and understand this Protection Letter. I further certify that I am at least eighteen years of age, and that I am authorized to change companies for services to the telephone numbers listed above.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Name (PRINT): \_\_\_\_\_

Company Billing Name (For businesses only): Mt. Diablo Unified School District

Company Billing Address: 1963 Carlotta Drive  
Concord, CA 94519-1358

Telephone number of individual authorized to make this change(s): \_\_\_\_\_

<b>For Administrative Purposes Only:</b>	
Mail to:	_____
	_____
	_____
Or FAX to:	_____