



Network Services Commitment Form

475308 QF

Customer Name <u>CITY OF NEWBERG</u>			AT&T			Customer Account No./Master Customer No. <u>069394</u>		
Address <u>414 E First St</u>			Address			Plan ID No./MLW Contract No. <u>AT&T PTI Program</u>		
<u>Newberg</u> <u>OR</u> <u>97132</u>						AT&T Contact		
City	State	Zip Code	City	State	Zip Code	Telephone No.		

Select Appropriate Option(s):

☒ New Order ☐ Add/Delete Locations ☐ Upgrade ☐ Trial ☐ Cancel ☐ Renewal
☐ Promotion:

AT&T SOFTWARE DEFINED NETWORK (SDN)

(Location Detail must be attached)

☐ Basic ☐ Custom SDNOption: ☐ 1 ☐ 2 ☐ 3 ☐ 4☐ Expanded Volume PlanPart: ☐ II ☐ IIa ☐ III ☐ IV ☐ V ☐ VI
☐ VII ☐ VIIa ☐ VIII ☐ IX ☐ X

Remarks:

If trial option is selected, service will automatically continue under the option selected above, unless you notify AT&T to terminate prior to the end of the trial period as designated in the appropriate tariff.

PRICING PLANS

(Main Billed or Sub-Account Telephone Numbers Location List must be attached for RVPP, CSTPII, CSBP and One Line WATS Term Plan. Location Detail must be attached to DFRP, AVP, HNS, and SSP.)

- ☐ AT&T MEGACOM® Service Term Plan
- ☐ AT&T MEGACOM® Plus Service Term Plan
- ☐ AT&T MEGACOM Service Card Option Plan
- ☐ AT&T 800 Term Plan—Location and Service Specific:
 - ☐ AT&T 800 Service
 - ☐ AT&T 800 READYLINE
 - ☐ AT&T MEGACOM® 800 Service
 - ☐ AT&T 800 MasterLine™ Service

- ☐ AT&T 800 Customer Specific Term Plan (CSTPII)*
- ☐ Revenue Volume Pricing Plan (RVPP)*
- ☐ AT&T Hospitality (Hotel) Network Service (HNS)*
- ☐ One Line WATS Term Plan (Numbers Only)
- ☐ Distributed Network Service (DNS)
- ☐ AT&T 800 Customer Specific Bonus Plan (CSBP)
- ☐ AT&T 800 Customer Specific Term Plan II (CSTPII)

- ☐ ACCESS Multi-Service Volume Pricing Plan (AMSVPP)
- ☐ Multi-Service Volume Pricing Plan (MSVPP)
- ☐ Discounted Fixed Rate Plan (DFRP)
- ☐ ACCUNET® T1.5
- ☐ ACCUNET® T45
- ☐ Access Value Plan (AVP)
- ☐ ACCUNET® Select Savings Plan (SSP)

Other:

Term: _____ Net (Annual/Monthly) Usage/Revenue Commitment: \$ _____
(Choose one)

You agree to accept joint responsibility for the financial obligation incurred by the designated locations if AT&T is unable to collect payment from these locations.

ACCUNET® Flexible Digital Access Service (AFDAS)

(Location Detail must be attached)

AT&T MULTI-LOCATION CALLING PLAN (MLCP) (AT&T MULTI-LOCATION WATS (MLW))

Main Billed Telephone Numbers Location List must be attached)

Plan A* Term: ☐ 12 Months ☐ 18 MonthsPlan B (Execu PRO WATS) Term: ☐ 12 Months

Number of Locations or Main BTNs _____

Monthly Recurring Charge \$ _____

If trial option is selected, service will automatically continue unless you notify AT&T to terminate prior to the end of the trial period as designated in the appropriate tariff.

You agree to accept joint responsibility for the financial obligation incurred by the designated locations if AT&T is unable to collect payment from these locations.

STATE CALLING SERVICE (SCS) — Available only to State and Local Government entities

Location Detail must be attached for Option 1)

☒ Option 1 ☐ Option 2 SCS MSA PTI Tariff No. 16, 10.6.2.J

I certify that my combined intrastate, interstate and international outbound usage, for the service being replaced by the SCS option checked above, for the year exceeded an average of 150,000 minutes per month. (Option 1 or 2)

I certify that my combined intrastate, interstate and international outbound usage for the prior year, from all locations using local exchange service access, were to be included in SCS Option 1, exceeded an average of \$12.00 per month, per location. (Option 1 only)

Month-to-Month Plan (Option 1 or 2)

Term Plan (Option 1 or 2):

Term: _____

Term and Volume Plan (TVP) (Option 1 only):

Part: ☐ 1 ☐ 2 ☐ 3

Term: _____

COLLEGE CONNECT™ CALLING SERVICE (CCCS) — Available only to private colleges and universities

Location Detail must be attached)

Domestic ☐ International ☐ Domestic/International

Term: _____ Domestic Annual Revenue Commitment: \$ _____ International Annual Revenue Commitment: \$ _____

THE SERVICE(S) AND PRICING PLAN(S) YOU HAVE SELECTED WILL BE GOVERNED BY THE RATES AND TERMS AND CONDITIONS IN THE APPROPRIATE AT&T TARIFFS AS MAY BE MODIFIED FROM TIME TO TIME. YOUR SIGNATURE ACKNOWLEDGES THAT YOU UNDERSTAND THE TERMS AND CONDITIONS UNDER WHICH THE SERVICE(S) SELECTED WILL BE PROVIDED AND THAT YOU ARE DULY AUTHORIZED TO MAKE THE COMMITMENT TO ORDER SERVICE FOR EACH OF THESE LOCATIONS.

AT&T

Accepted By: _____

Donna L. Hall

(Typed or Printed Name)

Account Manager

(Title)

(Date)

CITY OF NEWBERG

Customer)

Duane R. Cole

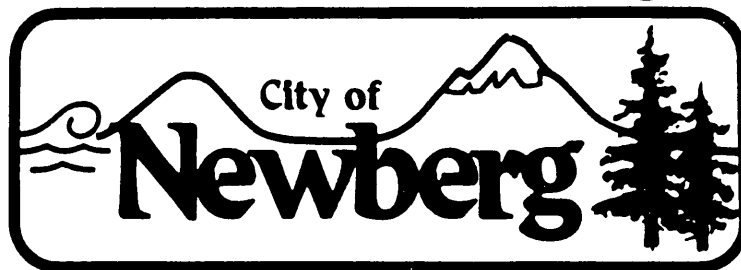
(Authorized Customer Signature)

Duane R. Cole, City Manager

(Typed or Printed Name and Title)

December 10, 1996

(Date)



City Manager
(503) 538-9421

City Attorney
(503) 537-1208

414 E. First St.
Newberg, Oregon 97132

City FAX
(503) 538-5393

ATT-894 4/30/96

AT&T SERVICES LETTER OF AUTHORIZATION FORM

Customer Name: City of Newberg	AT&T BNS - MIDDLE MARKETS	Customer Account #
Customer Full Address & Zip: 414 E. First St Newberg OR 97132	AT&T Full Address & Zip: 1593 SPRING HILL ROAD, STE. 700 VIENNA, VA 22182	Customer Contact Tel. # AT&T Contact: DONNA L. HALL Tel. # (703) 760-7343 Email ID: HALL_DONNA
Master Customer No.: Q69394		AE PID: 03YQ

1. I appoint AT&T as my agent to handle all arrangements with the Local Exchange Company(s) (LEC) for establishing or changing AT&T Long Distance Service, 'Local Toll' Service, Local Service and International Service. AT&T may offer such service for all telephone lines associated with the main Billed Telephone Number(s) (BTN) listed below or in the attachment, and to issue instructions to and to otherwise deal with the LEC regarding the BTNs. If this authorization does not specify the specific BTNs, this appointment shall extend to all service accounts for which customer appears as the customer of record.

2. It is understood that: Only one carrier may be designated for Long Distance Service, Only one carrier may be designated for 'Local Toll' Service, Only one carrier may be designated for Local Service, Only one carrier may be designated for International Service for each designated telephone number and that the selection of more than one carrier for either Long Distance Service, 'Local Toll' Service, Local Service, or International Service will invalidate any choice.

3. IT IS FURTHER UNDERSTOOD THAT DURING THE INITIAL PRESUBSCRIPTION PERIOD FOR 'LOCAL TOLL' SERVICE, AS DEFINED BY THE STATE GOVERNING BODY, THE PIC CHANGE CHARGE MAY BE WAIVED FOR AN INITIAL TIME PERIOD. HOWEVER, IT IS ACKNOWLEDGED THAT A CHARGE PER LINE MAY BE APPLIED BY THE LOCAL TELEPHONE COMPANY FOR SUBSEQUENT CHANGES.

4. THIS APPOINTMENT IS FOR:

LONG DISTANCE (INTERLATA) SERVICE	☒ YES ☐ NO
LOCAL TOLL (INTRALATA) SERVICE	☐ YES ☐ NO
LOCAL SERVICE	☐ YES ☐ NO
INTERNATIONAL SERVICE (HAWAII ONLY)	☐ YES ☐ NO

THIS APPOINTMENT IS
APPLICABLE TO THE FOLLOWING
LOCATIONS
(CHOOSE ONE)

Blanket LOA (For all locations in the United States)	☒ YES ☐ NO
Location Specific LOA (Specify applicable Billed Telephone Numbers and/or Working Telephone Numbers as attached)	☐ YES ☐ NO

6. This Appointment revokes any prior appointments for the services involved here and may be revoked at any time.

ORDERED BY CUSTOMER:		ACCEPTED BY AT&T:	
7. Signature: <i>Duane R. Cole</i>		11. Signature	
8. Printed Name: Duane R. Cole		12. Printed Name: DONNA L. HALL	
9. Title: City Manager		13. Title: ACCOUNT MANAGER	
10. Date: December 10, 1996		14. Date:	

This authorization shall terminate upon either the customer's discontinuance of AT&T service or twelve months from the date of this authorization.

Building: 537-1240 • Community Development: 537-1210 • Finance: 537-1201 • Fire: 537-1230
Library: 538-7323 • Municipal Court: 537-1203 • Police: 538-8321 • Public Works: 537-1214 • Utilities: 537-1205
Municipal Court Fax: 537-1277 • Community Development Fax: 537-1272 • Library Fax: 538-9720

"Working Together For A Better Community-Serious About Service"

ADDENDUM TO LOA**Customer Information:****Business Name:**CITY OF NEWBERG**Date** _____**Billing Address:**414 E 1ST STNEWBERG**Telephone** _____OR971322908503 - 538 - 9421(City, State, Zip Code)

BTN	PIC ALL	WTN
		503 537 1248
		503 537 1250
		503 537 1251
		503 537 1252
		503 537 1253
		503 537 1254
		503 537 1255 MODEM
		503 537 1256
		503 537 1257
		503 537 1258
		503 537 1259
		503 537 1260
		503 537 1261
		503 537 1262
		503 537 1264
		503 537 1265
		503 537 1266
		503 537 1272 FAX
		503 537 1273
		503 537 1274
		503 537 1275
		503 537 1276
		503 537 1277 FAX
		503 537 1278
		503 537 1279
		503 537 1280
		503 537 1281
		503 537 2660
		503 537 5013 FAX

*Check if all WTN's under the BTN are to be PIC'd to AT&T

**If Split PIC, list all WTN's to be PIC'd to AT&T

ADDENDUM TO LOA**Customer Information:****Business Name:**CITY OF NEWBERG**Date**414 E 1ST ST**Billing Address:**NEWBERG**Telephone**OR971322908503 - 538 - 9421(City, State, Zip Code)**BTN****PIC ALL****WTN**

BTN	PIC ALL	WTN
		503 538 1112
		503 538 2607
		503 538 3131
		503 538 3878
		503 538 4370
		503 538 4884
		503 538 5393 FAX
		503 538 5681
		503 538 7323
		503 538 7324
		503 538 7441 FAX
		503 538 8321
		503 538 8322
		503 538 8351
		503 538 8376
		503 538 8444
		503 538 9113 FAX
		503 538 9421
		503 538 9422
		503 538 9423
		503 538 9424
		503 538 9425
		503 538 9671
		503 538 9720 FAX

*Check if all WTN's under the BTN are to be PIC'd to AT&T

**If Split PIC, list all WTN's to be PIC'd to AT&T

ADDENDUM TO LOA**Customer Information:****Business Name:**CITY OF NEWBERG**Date** _____**Billing Address:**414 E 1ST STNEWBERG**Telephone** _____OR971322908503 - 538 - 9421

(City, State, Zip Code)**BTN****PIC ALL****WTN**

503 537 1217

503 537 1218

503 537 1219

503 537 1220

503 537 1221

503 537 1222

503 537 1223

503 537 1224

503 537 1225

503 537 1226

503 537 1227

503 537 1228

503 537 1229

503 537 1230

503 537 1231

503 537 1232

503 537 1233

503 537 1234

503 537 1235

503 537 1236

503 537 1237

503 537 1238

503 537 1239

503 537 1240

503 537 1241

503 537 1242

503 537 1243

503 537 1244

503 537 1245

503 537 1246

*Check if all WTN's under the BTN are to be PIC'd to AT&T

**If Split PIC, list all WTN's to be PIC'd to AT&T

ADDENDUM TO LOA**Customer Information:**

Business Name: CITY OF NEWBERG **Date** _____
414 E 1ST ST
Billing Address: NEWBERG **Telephone** 503 - 538 - 9421
OR 971322908

(City, State, Zip Code)

BTN**PIC ALL****WTN**

503 - 538 - 9421 000

503 537 0304
503 537 0732
503 537 0875
503 537 1100
503 537 1200
503 537 1201
503 537 1202
503 537 1203
503 537 1204
503 537 1205
503 537 1206
503 537 1207
503 537 1208
503 537 1209
503 537 1210
503 537 1211
503 537 1212
503 537 1213
503 537 1205
503 537 1206
503 537 1207
503 537 1208
503 537 1209
503 537 1210
503 537 1211
503 537 1212
503 537 1213
503 537 1214
503 537 1215
503 537 1216

*Check if all WTN's under the BTN are to be PIC'd to AT&T

**If Split PIC, list all WTN's to be PIC'd to AT&T

PTI/ATT TAX EXEMPTION STATEMENT

EXEMPT FROM STATE TAX X YES NO

EXEMPT FROM CITY TAX X YES NO

EXEMPT FROM FEDERAL TAX x YES NO

EXEMPT FROM MUNICIPAL TAX x YES NO

EXEMPT FROM COUNTY TAX x YES NO

EXEMPT UNDER:

STATUTE v OR

CERTIFICATE

CITY OF NEWBERG
(CUSTOMER)

Quane R Cole
(AUTHORIZED CUSTOMER SIGNATURE)

DUANE R COLE
(TYPED OR PRINTED NAME OR TITLE)

(DATE) _____

ADDENDUM TO LOA

Customer Information:

Business Name City of Newberg Date December 10, 1996

Billing Address 414 E. First St. Telephone (503)538-9421

Newberg Or 97132

(City, State, Zip Code)

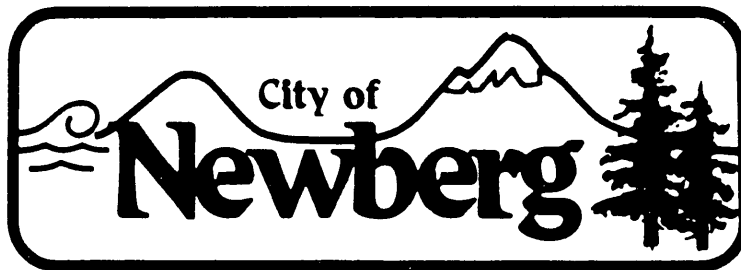
BTN

PIC ALL*

WTN**

***Check if all WTN's under the BTN are to be PIC'd to AT&T**

****If Split PIC, list all WTN's to be PIC'd to AT&T**



City Manager
(503) 538-9421

414 E. First St.
Newberg, Oregon 97132

City Attorney
(503) 537-1208

PIC FREEZE/UNFREEZE AUTHORIZATION

City FAX
(503) 538-5393

The undersigned, as customer of record, does hereby instruct:

(LEC/ICO Name) _____
(LEC Street) _____
(LEC City, State) _____

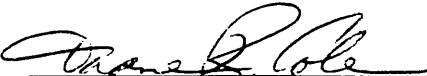
to PROTECT or UNPROTECT my existing primary local toll (IntraLATA) and long distance (InterLATA) carrier choice from unauthorized changes as instructed below.

to **PROTECT** XX or

to **UNPROTECT** _____

This authorization covers all of the Billing Telephone Numbers (BTNs) and associated Working Telephone Numbers (WTNs) listed on the attached sheet.

This authorization remains effective until we revoke this authority.

_____ (Company)	 (Authorized Signature)
_____ (Address)	_____ (Telephone if different)
_____ (City, State and Zip Code)	_____ (Name and Title)
_____ (Telephone)	_____ (Date)

Building: 537-1240 • Community Development: 537-1210 • Finance: 537-1201 • Fire: 537-1230
Library: 538-7323 • Municipal Court: 537-1203 • Police: 538-8321 • Public Works: 537-1214 • Utilities: 537-1205
Municipal Court Fax: 537-1277 • Community Development Fax: 537-1272 • Library Fax: 538-9720

"Working Together For A Better Community-Serious About Service"

ADDENDUM TO PIC FREEZE/UNFREEZE

Customer Information

(Business Name:) City of Newberg Date: December 10, 1996

(Billing Address:) 414 E. First St (Telephone:) (503) 538-9421

Newberg OR 97132

(City), (State), (Zip Code)

BTN	Protect ALL*	WTN**

*Check if all WTN's under the BTN are to be protected/unprotected

****If Split BTN, list all WTN's to be protected/unprotected.**

Calling Card Orders

Contact Information

Headquarters number: Q69394
Headquarters name: Public Technologies, Inc.
AT&T - Yes ADD PLASTIC
Authorized-Admin Authorized-Primary Contact

New Information:

Last Name: Tri
First Name: Katherine
Middle Initial: L.
Title: Finance Director
Phone: (503) 538-9421
Fax: (503) 537-5013

Street: 414 E First St
P.O. Box: _____
City: Newberg
State: OR
Zip: 97132
Country: USA

Account Mailing Information

Headquarters Number: Q69394
Headquarters Name: Public Technologies, Inc.
MCN: Q69394

Add

Card Name 1. City of Newberg
Card Name 2. _____

Plastic-Yes

Pin on card: _____

International Number on Card: Yes

Card Quantity: 15
Card Fulfillment: No
Bulk Type: #3
Cardprint Sort: Card Holder Name

Send Mailer To: Mailer Contact
Receive Notify: Yes
Pin Notify Type: Pin on Mailer
Plastic Contact: _____

Send Card To: Plastic Contact
Card Media: Paper

Mailer Contact: See LDN

L.D.N. Form

Customer MCN: Q69394
Customer MCN Name: Public Technologies, Inc.
LDN (BTN): _____

ADD

Account Name 1. _____
Account Name 2. _____

AT&T Execubill Card Contact

Randy Sweger: 800 458-9409 Ext. 4927
FAX: 800 227-6894