AT&T

# Network Services Commitment Form

475308 QF

| Customer Name | AT&T | Customer Account No./Master Customer No. |
|---|---|---|
| CITY OF NEWBERG | Address | 269394 |
| Address | | Plan ID No./MLW Contract No. |
| 414 E First St | | AT&T PTI Program |
| Newberg OR 97132 | | 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 SDN
Option: ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Expanded Volume Plan
Part: ☐ 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 (CSTP)*
☐ Revenue Volume Pricing Plan (RVPP)*
☐ AT&T Hospitality (Hotel) Network Service (HNS)*
☐ One Line WATS Term Plan (Sub Account 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 Months
Plan B (Execu PRO WATS) Term: ☐ 18 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. 10, 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 which are 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 AND TO ORDER SERVICE FOR EACH OF THESE LOCATIONS.

CITY OF NEWBERG
(Customer)
By: Duane R. Cole
(Authorized Customer Signature)
Duane R. Cole, City Manager
(Typed or Printed Name and Title)
December 10, 1996
(Date)

**AT&T**
Accepted By: _____
Donna L. Hall
(Typed or Printed Name)
Account Manager
(Title)
_____
(Date)

City Manager
(503) 538-9421

City Attorney
(503) 537-1208

414 E. First St.
Newberg, Oregon 97132

City FAX
(503) 538-5393

ATT894 4/30/96

## AT&T SERVICES LETTER OF AUTHORIZATION FORM

| Customer Name: | AT&T | Customer Account #: |
|---|---|---|
| Cityof Newberg | BNS - MIDDLE MARKETS | |
| **Customer Full Address & Zip:** | **AT&T Full Address & Zip:** | **Customer Contact:** |
| 414 E First St<br>Newberg OR 97132 | 1593 SPRING HILL RIAD, STE. 700<br>VIENNA, VA 22182 | **Tel. #:**<br>**AT&T Contact:** DONNA L. HALL<br>**Tel. #:** (703) 760-7343<br>**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) (BTNs) 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: Duane R. Cole | 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.

# ADDENDUM TO LOA

Customer Information:

Business Name: CITY OF NEWBERG Date

Billing Address: 414 E 1ST ST
NEWBERG Telephone
OR 971322908 503 - 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

Billing Address: 414 E 1ST ST
NEWBERG
OR 971322908

Date

Telephone 503 - 538 - 9421

(City, State, Zip Code)

| 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 ST
NEWBERG Telephone
OR 971322908 503 - 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 |
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| | | 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

Billing Address: 414 E 1ST ST
NEWBERG
OR 971322908

Date

Telephone 503 - 538 - 9421

(City, State, Zip Code)

| BTN | PIC ALL | WTN |
|---|---|---|
| 503 - 538 - 9421 000 | | 503 537 0304<br>503 537 0732<br>503 537 0875<br>503 537 1100<br>503 537 1200<br>503 537 1201<br>503 537 1202<br>503 537 1203<br>503 537 1204<br>503 537 1205<br>503 537 1206<br>503 537 1207<br>503 537 1208<br>503 537 1209<br>503 537 1210<br>503 537 1211<br>503 537 1212<br>503 537 1213<br>503 537 1205<br>503 537 1206<br>503 537 1207<br>503 537 1208<br>503 537 1209<br>503 537 1210<br>503 537 1211<br>503 537 1212<br>503 537 1213<br>503 537 1214<br>503 537 1215<br>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 ___x___ OR

CERTIFICATE _____

CITY OF NEWBERG
(CUSTOMER)

Duane 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

City Attorney
(503) 537-1208

414 E. First St.
Newberg, Oregon 97132

City FAX
(503) 538-5393

# PIC FREEZE/UNFREEZE AUTHORIZATION

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.

| | |
|---|---|
| City of Newberg | Duane R. Cole |
| (Company) | (Authorized Signature) |
| 414 E First St. | (503) 538-9421 |
| (Address) | (Telephone if different) |
| Newberg OR 97132 | Duane R. Cole, City Manager |
| (City, State and Zip Code) | (Name and Title) |
| | December 10, 1996 |
| (Telephone) | (Date) |

## ADDENDUM TO PIC FREEZE/UNFREEZE

ustomer 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

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## 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 Card To: Plastic Contact
Card Media: Paper

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

Mailer Contact: See LDN

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## 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**

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