CONTRACT ROUTING FORM

1.	Complete the information below BEFORE printing and completing items Department: MIS Department contract file name (use effective date): AT&T_MIS_20240314 Project Code: Click here to enter text.	
	Contract type: Other	Please Return Contract to:
	Contracted Services/Goods: Authorization to port phone numbers-2 Contract Component: Other	Name: <u>Carla Daniel</u>
	Change Order Number/Addendum Number: 1	Email: carla.daniel@chathamcounty
	Vendor Name: AT&T Effective Date: 10/31/2024	nc.gov_
	Approved by: County Manager	Special Instructions for Clerks
	Date approved by the BOC: Click here to enter text. Ending Date: 04/30/2025	Office:
	Total Amount: \$0.00	
2.	Department Head or his/her designee has read the contract in its entirety By:(Department Head signature req	uired)
3.	County Attorney has reviewed and approved the contract not applicable County Attorney has reviewed and rejects the contract Reason:	ole
	This is an automatic renewal and does not require approval from the Cour	nty Attorney: Yes No
	If this box is checked the County Attorney's Office has reviewed made needed changes to protect the County because the contract is and the services required by the County are not available from an	s a sole source contract
4.	Technical/MIS Advisor has reviewed the contract if applicable. Yes	No
5.	Vendor has signed the contract. Yes No	
6.	A budget amendment is necessary before approval. Yes No library No library budget amendment is necessary, please attach to this form.	
7.	Approval	
	Requires approval by the BOC - contracts over \$100,000.00. Follow Bo	oard submission guidelines.
	Requires approval by the Manager – contracts \$100,000 or less.	
8.	Submit to Clerk.	
	Clerk's Office Only	
	Finance Officer has signed the contract The Finance Officer is not required to sign the contract	

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.



Letter of Authorization

Customer Entity ("Customer") Chatham County, State of North Carolina	AT&T Entity ("AT&T") AT&T Corp.
Customer Contact Information Name:Dan LaMontagne	AT&T Sales Contact Information Primary Sales Contact Name: Saretta Jones
Telephone: 919-542-8200 Fax Email: dan.lamontange@chathamcountync.gov Address: 12 East Street City: Pittsboro State / Province: NC Country: USA Domestic / International / Zip Code27312 Customer Account #:SL0788/DMB/4B	AT&T Sales Contact Information Street Address: 4625 Creekstone Drive City: Durham State / Province: NC Country: USA Domestic / International / Zip Code: 27703 Fax Email: sj5867@att.com
Master Customer No.:	AE PID:0009DT

^{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, upon Customer's express authorization in each instance, 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.

2. It is understood that: Only one carrier may be designated for Long Distance Service on any individual telephone number. Only one carrier may be designated for 'Local Toll' Service on any individual telephone number. Only one carrier may be designated for Local Service on any individual telephone number. Only one carrier may be designated for International Service on any individual telephone number.

3. IT IS FURTHER UNDERSTOOD THAT DURING THE INITIAL PRESUBCRIPTION 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		
	CELLULAR	YES	⊠ NO		
	INTERNATIONAL SERVICE (HAWAII ONLY)	□YES	□NO		
5. THIS APPOINTMENT IS APPLICABLE TO THE	Blanket LOA (For all locations in the United States; AT&T will maintain a list	YES	□NO		
FOLLOWING LOCATIONS	of such locations, Billed Telephone Numbers and Working Telephone Numbers as attached)				
(CHOOSE ONE)	Location Specific LOA (Specify applicable locations and the Billed Telephone Numbers and 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 and shall continue in force unless and

until revoked by the customer. Signatory for each party attests that he or	she is authorized to execute this letter of authorization on behalf of the company.
AGREED: CUSTOMER By:	AGREED: AT&T By: Saretta Jones
(Authorized Agent or Representative)	(Authorized Agent or Representative)
San La Montagne	Saretta Jones
(Typed or Printed Name)	(Typed or Printed Name)
County Manager	CSE
(Title)	(Title)
	4/47/0000



Letter of Authorization

List of Locations

Location Addresses					List all Location BTN's and WTN's		
Street:102 Camp Drive	City:Pit	tsboro	ST:NC	-	-		
Zip:27312							
Street:12 East Street	City:Pitts	boro	ST:NC	-	7.00		
Zip:27312							
Street:112 Village Lake Road	(City:Siler City	ST:NC	-	-		
Zip:27344							
Street:365 Highway 87 North	(City:Pittsboro	ST:NC	-			
Zip:27312							
Street:	City:	ST:	Zip:	_	NEI		
Street:	City:	ST:	Zip:	-	=		
Street:	City:	ST:	Zip:	-	12		