

AT&T Network Integration Services Change Request Form

AT&T Network Integration Tracking ID: GBS185079-8

Master Agreement: TEX AN NG

Document Version #: v-1.0

		Document Version #: <u>v-</u>		
CUSTOMER Legal Name ("Customer")	AT&T Corp. ("AT&T") (designate other entity if signing entity other than AT&T Corp)	AT&T Branch Sales Contact Name		
Comal County, Texas	AT&T	Name: Katherine Swanson		
CUSTOMER Address	AT&T Corp. Address and Contact	AT&T Branch Sales Contact Information		
Street Address: 150 N. Seguin Ave	One AT&T Way	Address: 1010 N. St. Marys St		
City: New Braunfels	Bedminster, NJ 07921-0752	City: San Antonio		
State / Province: Texas	Contact: Master Agreement Support Team	State / Province: TX Country: USA		
Country: USA	Email: mast@att.com	Domestic / Intl / Zip Code: 78215		
Domestic / Intl / Zip Code: 78130		Fax:		
		Email: ks4402@att.com		
		Sales/Branch Mgr: Maureen Folkerts		
		SCVP Name: John Irwin		
CUSTOMER Contact	AT&T Address and Contact	AT&T NI Contact Information		
Name: Ramona Womack	Name:	Name: Andrew Magersupp		
Title: Purchasing Director	Title:	Address:		
Telephone: 830-643-5850	Telephone:	City:		
Fax:	Street Address:	State / Province: Country:		
Email: purrjw@co.comal.tx.us	City:	Domestic / Intl / Zip Code:		
	State / Province: Country:	Telephone: 440-834-0992		
	Domestic / Intl / Zip Code:	Email: am6700@att.com		
CUSTOMER Billing Address				
Street Address: 150 N Seguin Ave				
City: New Braunfels				
State / Province: Texas				
Country: USA				
Domestic / Intl / Zip Code: 78130				

This AT&T Network Integration Services Document is an attachment to the contract identified below:

	(1) the AT&T	Network In	tegration Se	ervice Orde	er Attachme	nt				
\boxtimes	(2) the AT&T	Network In	tegration Ad	ddendum to	o Compreh	ensive Service	Order A	ttachment	dated 01/	21/2014

To the extent any terms set forth in this Document conflict with those of the Attachment/Addendum or those of the Statement of Work, the order of priority shall be with respect to the AT&T Network Integration Services provided hereunder: (1) this Document; (2) the Statement of Work; (3) the Attachment/Addendum.

COMAL COUNTY, TX	AT&T
By: (by its authorized representative)	By: (by its authorized representative)
(Typed or Printed Name)	(Typed or Printed Name)
(Title)	(Title)
(Date)	(Date)



CHANGE REQUEST FORM

Change Request Numb	er: GBS185079-8	NI	Agreement dated: 01/12/15				
AT&T Requestor:	Andy Magersupp	NI Tracking #:	GBS185079				
Title:	HVS Contract Extension Date of Request:		2/08/18				
Nature of the Change Request:							
Scope of Work							
This Change Order will extend the current Comal County AT&T HVS contract including terms and conditions for 36 months. Start date: March 01,2018 End date: March 01, 2021							
_Ship to address is: Comal County 150 N Seguin Ave New Braunfels, TX 78130 Ramona Womack 830-643-5850							
Attached Materials:							
To be completed by the	Project Manager:						
Impact of Change on the	e Project :						
Impact of Project Time and Scheduled Delivery Date:							
Notes or Additional Info	Notes or Additional Information:						



AT&T Network Integration Services Change Request Form

- (a) <u>Defined Scope</u>. Pricing is based on the currently defined Scope of Work. Any additions or changes to this Change Order will necessitate changes in pricing. No project delays occur that would require AT&T to stop work. AT&T will not be held financially responsible for project delays outside of its control.
- (b) Invoicing. AT&T will invoice the Fees as defined herein. AT&T invoices will be presented on a monthly basis and will cover Services provided during the previous calendar month.
- (c) Expiration Date. Prices quoted herein are valid for thirty (30) days from the date this Change Order is presented to Customer for execution.

