



Sales Contact Information
FIELDS; MICHELLE
912-247-7027
sf2028@att.com

eSign Fax Cover Sheet

To: AT&T Automated Fax Handling Service

From:

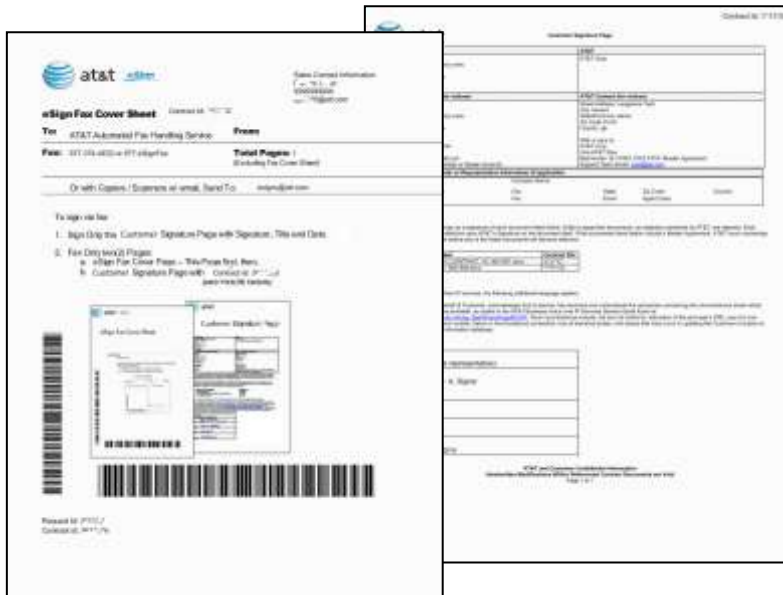
Fax: 877-374-4632 or 877-eSignFax

Total Pages: 1
(Excluding Fax Cover Sheet)

Or with Copiers / Scanners w/ email, Send To: esign@att.com

To sign via fax:

1. Sign Only the Signature Page with Signature, Title and Date.
2. Fax Only two(2) Pages:
 - a. eSign Fax Cover Page – This Page first, then,
 - b. Signature Page with Contract Id: 1860001
(see Picture below)



Request Id: 3146112
Contract Id: 1860001



Customer Signature Page

Customer	AT&T			
CITY OF AUGUSTA Street Address: 1820 DOUG BARNARD PKWY City: AUGUSTA State/Province: GA Zip Code: 309069278 Country: US	AT&T Enterprises, LLC			
Customer Contact (for notices)	AT&T Contact (for notices)			
Name: Khalif Ross Title: IT Director Street Address: 530 GREENE STREET ANNEX 1 City: AUGUSTA State/Province: GA Zip Code: 30901 Country: US Telephone: 7068211554 Fax: Email: ross@augustaga.gov Customer Account Number or Master Account:	Street Address: 1300 BULL ST SHARED City: SAVANNAH State/Province: GA Zip Code: 31401 Country: US With a copy to: AT&T Enterprises, LLC One AT&T Way Bedminster, NJ 07921-0752 ATTN: Master Agreement Support Team Email: mast@att.com			
AT&T Solution Provider or Representative Information (if applicable)				
Name:	Company Name:			
Agent Street Address:	City:	State:	Zip Code:	Country:
Telephone:	Fax:	Email:	Agent Code:	

Customer signature serves as a signature of each document listed below. Edits to appended documents, as originally presented by AT&T, are rejected. Listed documents become effective upon execution of all documents identified by Contract ID below.

Documents Appended:	Contract IDs:
MASTER AGREEMENT click here for details or http://serviceguide.att.com/masteragreement/	
AT&T_MANAGED_INTERNET_SERVICE_PRICING_SCHEDULE_CONTRACT_ID_1862571.pdf	1862571
AT&T_IP_FLEXIBLE_REACH_PRICING_SCHEDULE_CONTRACT_ID_1862572.pdf	1862572

If Customer is purchasing Voice Over IP services, the following additional language applies:

The undersigned, on behalf of Customer, acknowledges that Customer has received and understands the advisories concerning the circumstances under which E911 service may not be available, as stated in the AT&T Business Voice over IP Services Service Guide found at http://serviceguidenew.att.com/sg_flashPlayerPage/BVOIP. Such circumstances include, but are not limited to, relocation of the end user's CPE, use of a non-native or virtual telephone number, failure in the broadband connection, loss of electrical power, and delays that may occur in updating the Customer's location in the automatic location information database.

Customer (by its authorized representative)
By:
Name:
Title:
Date: