State of California
California Governor's Office of Emergency Services
CA 9-1-1 SERVICE ORDER FORM
TDe-289 (REV. 10/2019)

PUBLIC SAFETY COMMUNICATIONS

U.S. Mail form to: **Cal OES PSC**
601 Sequoia Pacific Blvd.
Sacramento, CA 95811-0231

This Form To Be Completed By The State 9-1-1 Branch Only			
State Agency:	CA 9-1-1 Branch	Contractor Name:	
Address:	601 Sequoia Pacific Blvd., MS-911	Mailing Address:	
City, State, Zip:	Sacramento, CA 95811-0231	City, State, Zip:	
Email Address:	CA911Branch@caloes.ca.gov	E-Mail Address:	
Phone Number:	(916) 657-9369	Phone Number:	
Fax Number:	(916) 657-9116	CPCN Number:	
9-1-1 Project Lead:		Representative:	
PSAP Name:			
Contract Number:		**Contract Expiration Date:**	

1. Type of Next Generation Services: ( ) **NG 9-1-1 PRIME** ( ) **NG 9-1-1 REGIONAL** ( ) **NG 9-1-1 SERVICES**

2. Service category(ies) must be checked:

( ) NG 9-1-1 Aggregation Services ( ) NG 9-1-1 Statewide GIS ( ) NG 9-1-1 Trunk Services
( ) NG 9-1-1 Core Services ( ) NG Text to 9-1-1 Services ( ) Other

Description of Next Generation Services to be funded:

Purchase/Service Information: Include service description, service number, quantity, unit cost, installation cost, monthly cost, and total cost. Attached SOW or supporting documentations, where applicable.

Description (Reference to CPUC's Advice Letter No. and Sheet No.)	**NG Service #**	**Unit of Measure**	**One-time Cost (NRC)**	**Monthly Cost (MRC)**	**Total NRC Cost**	**Total MRC Cost**
			$	$	$	$
			$	$	$	$
			$	$	$	$