



**CUSTOMER INFORMATION**

(Please read the instructions on the back before filling out this form)

Customer Name: \_\_\_\_\_

Location: **(Where work is to be performed by PSC)** \_\_\_\_\_

PSC Billing Code				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Required</b>				

Job Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Required</b>					

Agency / Institution Code					
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
<b>For PSC Use Only</b>					

**If more description is required please attach additional page(s).**

**Work Description:**

Additional Information Attached:  Yes  No

Requested In-Service Target Date: \_\_\_\_\_

Customer's Estimated Budget Amount: \_\_\_\_\_

Contact name regarding this work: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

**CUSTOMER AUTHORIZATION**

**This form authorizes Public Safety Communications to develop a Statement of Work for customer approval. Upon approval, a plan and schedule for the requested services will be developed. Upon customer approval of the plan and schedule Public Safety Communications will proceed to perform the service.**

Client Agency Authorized Signature \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Client Agency Budget Officer Signature \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**To be signed by the Agency for acceptance of work completed.**

The work was:  Completed  Not Completed  Agency Canceled

PSC / Senior Engineer \_\_\_\_\_ Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager \_\_\_\_\_ Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Client Agency Authorized Signature \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_



### **INSTRUCTIONS**

The purpose of the TDe-207 form is to provide the customer a means to request services from Public Safety Communications.

**Customer Name:** Name of customer's organization.

**Location:** Site where the work is to be performed. If there are multiple work sites, list the site names in the work description area or on an attached sheet of paper.

**PSC Billing Code, Job Number, and Agency / Institution Code:** Are used for customer identification and billing information. The **requester** must supply their **PSC Billing Code** and **Job Number**. If the Customer has internal subdivisions that use more than one billing code for Public Safety Communications services, the requester must supply the proper billing code for the work. If there is a requirement to divide a single Work Authorization into more than one billing code, for billing purposes, describe the requirements and list the billing codes in the work description area or on a separate sheet of paper.

**PSC Billing Code:** Code used by the Cal OES / Public Safety Communications to bill agencies for services provided. For State agencies, the PSC Billing Code will be the DGS Billing Code without the leading zero. For example, if the DGS code is 089182, the PSC Billing Code will be 89182. For non-State entities, PSC will assign the billing code.

**Job Number:** A six-digit unique number assigned by the requesting customer to identify the specific service Public Safety Communications is requested to provide. Only letters and numbers may be used when assigning the six-digit number. Do not use any special characters such as #, -, \$, etc., when assigning the number.

**Agency / Institution Code:** Internal code assigned and used by Public Safety Communications to bridge older databases and applications to PSC's current billing application. The first three characters identify the requesting customer department; the second three characters identify a subdivision within a department. The code cross references to the customer's five-digit PSC Billing Code.

**Work Description:** Describe the desired service. Attach additional pages if needed.

**Additional Information Attached:** Mark appropriate box. Additional work description, supporting documents, or information is welcome.

**Requested In-Service Target Date:** Date the customer wants to have requested equipment or service in operation. This does not necessarily mean the date that all efforts on the service request are completed.

**Customer's Estimated Budget Amount:** Amount of money the customer has budgeted or estimated for this work.

**Contact name regarding this work:** Contact person within the customer organization who has knowledge of the work request.

**CUSTOMER AUTHORIZATION:** Both Signatures are required

**Client Agency Authorized Signature:** Person the customer has authorized to commit to the request for work

**Client Agency Budget Officer Signature:** Person the customer has authorized to commit to the spending of funds.



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**E-MAIL COMPLETED FORM TO:** [PSC.INTAKE@CalOES.ca.gov](mailto:PSC.INTAKE@CalOES.ca.gov)

**OR MAIL COMPLETED FORM TO:** **Public Safety Communications**  
Attn: Program Management Division  
601 Sequoia Pacific Blvd.  
Sacramento, CA 95811-0231

***This section is to be completed by Public Safety Communications upon work completion.***

The Work Was: Enables Public Safety Communications to tell the customer the final disposition and end date of service and appropriate signatures.

***This section is to be completed by the Agency for acceptance of work completion.***

By signing this section the Agency is confirming that the work completed by PSC was completed to their satisfaction.