



Spectrum Enterprise Service Agreement

The customer identified below ("Customer") hereby acknowledges and agrees to the Commercial Terms of Service available at <https://enterprise.spectrum.com> ("Terms of Service"), which are incorporated herein by this reference, with respect to any service order(s) placed by Customer and accepted by Spectrum hereafter (each, a "Service Order"), which together with this agreement constitute the "Service Agreement" by and between the Customer and Charter Communications Operating, LLC on behalf of those operating subsidiaries providing the service(s) hereunder ("Spectrum").

Spectrum Contact Information	
Spectrum Enterprise 12405 Powerscourt Drive St. Louis, MO 63131	Contact: HERRING - Channel Manager Telephone: 919.573.7635 E-mail:

Customer Information				
Customer Name (Exact Legal Name): South Bay Cities Council of Governments				
Street Address: 20285 S Western Ave	Suite: 100	City: Torrance	State: CA	Zip Code: 90501
Customer's Main Tel No.: (310) 371-7222		Fax No.:		
Customer Contact Name: Britt Huff		Tel No.: (310) 371-7222		E-mail: info@southbaycities.com
Billing Address: 20285 S Western Ave	Suite: 100	City: Torrance	State: CA	Zip Code: 90501
Billing Contact Name: Britt Huff		Tel No.: (310) 371-7222		E-mail: info@southbaycities.com

BY EXECUTING THIS SERVICE AGREEMENT BELOW, CUSTOMER ACKNOWLEDGES THAT: (1) CUSTOMER ACCEPTS AND AGREES TO BE BOUND BY THE TERMS OF SERVICE, INCLUDING THE ARBITRATION SECTION THEREOF, WHICH PROVIDES THAT THE PARTIES DESIRE TO RESOLVE ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THE SERVICE AGREEMENT THROUGH ARBITRATION; AND (2) BY AGREEING TO ARBITRATION, CUSTOMER IS GIVING UP VARIOUS RIGHTS, INCLUDING THE RIGHT TO TRIAL BY JURY.

Customer	Charter Communications Operating, LLC
By:	By: Charter Communications, Inc. its Manager
Name (printed):	Name (printed):
Title:	Title:
Date:	Date:



SERVICE ORDER

THIS SERVICE ORDER ("Service Order"), is executed and effective upon the date of the signature set forth in the signature block below ("Effective Date") and is by and between Charter Communications Operating, LLC on behalf of those operating subsidiaries providing the Service(s) hereunder ("Spectrum") and Customer (as shown below) and is governed by and subject to the Spectrum Enterprise Commercial Terms of Service posted to the Spectrum Enterprise website, <https://enterprise.spectrum.com/> (or successor url) or, if applicable, an existing services agreement mutually executed by the parties (each, as appropriate, a "Service Agreement"). Except as specifically modified herein, all other terms and conditions of the Service Agreement shall remain unamended and in full force and effect.

Spectrum Contact Information	
Spectrum Enterprise 12405 Powerscourt Drive St. Louis, MO 63131	Contact: HERRING - Channel Manager Telephone: 919.573.7635 E-mail:

Fiber Internet Access

SUMMARY OF FIBER INTERNET ACCESS SERVICES

Service Location Address	City	State	Zip	Service Ordered	Order Term	Quantity	Monthly Recurring Charges (MRC)	Install One-Time Charges (OTC)
20285 S Western Ave Ste 100	Torrance	CA	90501	25M	12	1	480	250
TOTAL							\$ 480.00	\$ 250.00

Ethernet Service

SUMMARY OF ETHERNET SERVICES - EPL

Location Description	Bandwidth (Mbps)	Location Address	City	State	Zip	Order term	Monthly Recurring Charges	Install OTC
A - LOCATION								
Z - LOCATION								
TOTAL							\$ -	\$ -

SUMMARY OF ETHERNET SERVICES - EVPL

Location Description	Bandwidth (Mbps)	Location Address	City	State	Zip	Order Term	Monthly Recurring Charges	Install OTC
AGGREGATION SITE								
REMOTE CIRCUIT SITE								
REMOTE CIRCUIT SITE								
REMOTE CIRCUIT SITE								
REMOTE CIRCUIT SITE								
TOTAL							\$ -	\$ -

SUMMARY OF ETHERNET SERVICES - EPLAN

Speed	Metro/Regional OR National	Order Term	Monthly Recurring Charges	Install OTC
TOTAL			\$ -	\$ -

Voice Service

SUMMARY OF VOICE SERVICES

SERVICE LOCATION								
Location Address	City	State	Zip	Service Ordered	Order Term	Quantity	Monthly Recurring Charges	Install OTC
TOTAL							\$ -	\$ -

Additional Information for Business Phone

Telephone Number(s) / PRI Group Lead TN1	Service Location Street Address	Service Location City, State ZIP	E-911 Location (Floor/Suite) (If applicable)	Directory Listings? (Y/N)	Additional or Foreign Listing? (Y/N) ²
«PHONE_NUMBER»			«Floor_Suite»		

¹ For Trunks (PRI/SIP) list the lead number of the trunk group and the associated E-911 Address.

² Additional and Foreign Listing charges apply/ Detail directory information to be collected at a later time by the Telephony Specialist.

Additional Information for Business Toll Free

Toll Free Number(s)	Primary Ring to Number	Additional Ring To Numbers? (Y/N)**	National Directory Listings? (Y/N)
«PHONE_NUMBER»			

**Additional charges apply/ Additional ring to numbers and other routing information will be collected at a later time by the Telephony Specialist.

SUMMARY OF BUSINESS INTERNET ACCESS									
SERVICE LOCATION									
Street Address	City	State	Zip	Service Ordered	Order Term	Quantity	Monthly Recurring Charges	Install One-Time Charges ("OTC")	
TOTAL							\$	-	\$ -

SUMMARY OF SPECTRUM BUSINESS TV & ENTERPRISE TV SERVICES									
SERVICE LOCATION									
Street Address	City	State	Zip	Service Ordered	Order Term	Quantity	Monthly Recurring Charges	Install One-Time Charges	
TOTAL							\$	-	\$ -

Additional Services

Please use this section for any services not listed above.									
Service Location Address	City	State	Zip	Service Ordered	Order Term	Qty	Monthly Recurring Charges	Install OTC	
TOTAL							\$	-	\$ -

1. TOTAL FEES. Total Monthly Recurring Charges	\$ 480.00
Total One Time Charges	\$ 250.00

Charges are due in accordance with monthly invoice

2. **TAXES.** Prices for Services do not include taxes, surcharges, or other fees.

3. **NO UNTRUE STATEMENTS.** Customer represents and warrants to Spectrum that neither this Service Order, nor any other information, including without limitation, any schedules or drawings furnished to Spectrum contains any untrue or incorrect statement of material fact or omits or fails to state a material fact.

4. **SPECIAL TERMS** (If Applicable)

The Parties have caused their duly authorized representatives to execute this Service Order.

Charter Communications Operating, LLC
By: Charter Communications, Inc., its Manager

CUSTOMER **South Bay Cities Council of Governments**

By: _____
Name: _____
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____

Dedicated Ethernet Access Services (Fiber & Ethernet over DOCSIS)	
Customer / Company NAME	<input style="width: 90%;" type="text" value="South Bay Cities Council of Governments"/>
Check Service Ordered Below:	
<input checked="" type="checkbox"/> FIA <input type="checkbox"/> EPL (pt-2-pt) <input type="checkbox"/> EVPL (pt-2-mpt) <input type="checkbox"/> E-LAN (mpt-2-mpt) <input type="checkbox"/> PRI ISDN Service <input type="checkbox"/> EoDOCSIS	
Configuration <input type="checkbox"/> Require /30 IP To Be Assigned to WAN Interface of Customer Router	
# of IP Addresses Requested	
<input type="checkbox"/> /30=1 <input type="checkbox"/> 29=5 <input type="checkbox"/> /28=13 <input type="checkbox"/> /27=29 <input type="checkbox"/> /26=61 <input type="checkbox"/> /25=125 <input type="checkbox"/> /24=253 <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	
Note: If BGP Required Check Box <input type="checkbox"/> If BGP is Checked Form Attached? <input type="checkbox"/>	
PRI ISDN Service Configuration & Equipment Information	
Phone Vendor Name:	<input style="width: 90%;" type="text"/>
Tel:	<input style="width: 90%;" type="text"/>
E-mail:	<input style="width: 90%;" type="text"/>
PRI ISDN Configuration	PBX/Phone System Model
Switch Type / CO Emulation	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> NI2 <input type="checkbox"/> 5ESS <input type="checkbox"/> DMS100 <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	Software Version
Verify Channels Required:	# of Digits Sent by Carrier:
<input type="checkbox"/> 23 <input type="checkbox"/> 16 <input type="checkbox"/> 12 <input type="checkbox"/> 8	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10
Clock Source:	Footage from PBX to Spectrum NID: <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Voice Gateway/Switch <input type="checkbox"/> PBX? # Spare PRI Ports <input style="width: 50px;" type="text"/>	Spectrum Equipment Mounting:
<input type="checkbox"/> Hot Cut <input type="checkbox"/> Migration <input type="checkbox"/> New <input type="checkbox"/> None	<input type="checkbox"/> Rackmount <input type="checkbox"/> Wallmount
Existing Number of PRIs? <input style="width: 50px;" type="text"/>	Backup Power Source:
	<input type="checkbox"/> UPS <input type="checkbox"/> Generator <input type="checkbox"/> None
Primary Site Address	CPE UNI Handoff Type
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Copper <input type="checkbox"/> Optical MMF <input type="checkbox"/> Optical SMF
*If Optical Handoff, default connector is LC unless Identified	
Customer Site Demarcation Information	
Wall Mounting <input type="checkbox"/> Drywall <input type="checkbox"/> Plywood	AC DC Rack Space? Yes No Backup Power? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Building Contact Info	
Phone Vendor Name:	<input style="width: 90%;" type="text"/>
Tel:	<input style="width: 90%;" type="text"/>
E-mail:	<input style="width: 90%;" type="text"/>
Technical Contact (Main or Site Based)	
Building Contact Name:	<input style="width: 90%;" type="text"/>
Tel:	<input style="width: 90%;" type="text"/>
E-mail:	<input style="width: 90%;" type="text"/>
Demarc Information:	<input style="width: 90%;" type="text"/>
Z Location Address (If Applicable)	CPE UNI Handoff Type
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Copper <input type="checkbox"/> Optical MMF <input type="checkbox"/> Optical SMF
*If Optical Handoff, default connector is LC unless Identified	
Customer Site Demarcation Information	
Wall Mounting <input type="checkbox"/> Drywall <input type="checkbox"/> Plywood	AC DC Rack Space? Yes No Backup Power? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Building Contact Info	
Phone Vendor Name:	<input style="width: 90%;" type="text"/>
Tel:	<input style="width: 90%;" type="text"/>
E-mail:	<input style="width: 90%;" type="text"/>
Technical Contact (Main or Site Based)	
Technical Contact Name:	<input style="width: 90%;" type="text"/>
Tel:	<input style="width: 90%;" type="text"/>
E-mail:	<input style="width: 90%;" type="text"/>
Demarc Information:	<input style="width: 90%;" type="text"/>