

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
AT&T CALLING CARD APPLICATION/  
CANCELLATION/REVISION FORM**

Facility Name:	Cost Center:	Date:
Employee (Assignee) Name:	Employee #:	
Payroll Title:	Telephone #:	
Contact Person:	Telephone #:	
Justification for Request Below (include brief description of duties performed):		

**REQUEST**

**CALLING RANGE CODE**  
(Please check one)

- 001 \_\_\_\_\_
- 002 \_\_\_\_\_
- 003 \_\_\_\_\_
- 004 \_\_\_\_\_

**CALLING RANGE PRIVILEGES (CRP)**

- California State
- 50 United States
- 50 US States, DDD\* Mexico and Canada
- United States and International

\* Direct Distance Dialing (DDD) refers to those calls that can be dialed directly without the assistance of a telephone operator.

**CANCEL/REVISE**

Effective \_\_\_\_\_, please cancel/revise the assigned calling card:

Reason for

- Cancellation:  Terminated  Transferred  
 Not Needed  Lost/Stolen/Destroyed  
 Unauthorized Use/Charges

Revision: From Calling Range Code \_\_\_\_\_ To Calling Range Code \_\_\_\_\_

Transferred : From \_\_\_\_\_ To \_\_\_\_\_

<i>Authorized Approvals</i>	
Program Head/Supervisor	Date
Deputy Director/District Chief	Date
Chief Administrative Deputy	Date

RECEIVED BY: \_\_\_\_\_  
Name Date