

# Customer Acknowledgement

This Scope of Work between AT&T and **Seminole County E911 Administration** shall become effective when signed by authorized representatives of both parties and provides detailed information and considerations that must be taken into account for successful implementation of the solution within the Customer's network.

Customer, by signing below, (i) indicates that the Statement of Work has been read and the terms outlined within have been accepted.

**Seminole County E911 Administration**

**AT&T**

By: \_\_\_\_\_  
(Authorized Agent or Representative)

By: \_\_\_\_\_  
(Authorized Agent or Representative)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)