

**INFORMATION MISSION AREA
LEASED COMMERCIAL COMMUNICATIONS SERVICES
FY , IMA SERVICE REVIEW / REVALIDATION**

1. IMA Customer	a. Customer/User (Complete mailing Address)		
b. Customer Identification Code (ASA Pamphlet 25-1)	c. Unit Identifier Code (UIC)		
2. Leased Service Data	a. Type of Service	b. CSA/Circuit Number	c. CSA Expiration Date
d. Recurring MRCS <input type="checkbox"/> ARCS <input type="checkbox"/>		e. Incurred Tolls YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide estimated monthly amount MRCS	
3. Purpose of customer service (Exact statement of use by customer)			
4. Recertification of leased service. (IMO)			
a. Service type and cost have been noted. It is acknowledged that the commercial leased service is in use by this office.			
b. Service identified at subparagraph 2a above has been reviewed and it is requested that service continue to be leased during FY (1 Oct 30 Sep)			
c. Service is no longer required.			
d. Service is not in use by this office.			
e. Service identified for transition to FTS2000			
NAME		POS/RANK	Phone No.
DATE			
5. Revalidation of leased service (IMSC) The leased commercial service identified at subparagraph 2a above is revalidated for customer use during FY . Revalidation is based on a review of subparagraph 3 "Purpose" and a determination that similar and equal government service is not available to satisfy this customer need.			
a. Information Management Support Council Concur <input type="checkbox"/> Non-Concur <input type="checkbox"/>			
Name representing Information Management Support Council		Telephone No.	
b. DOIM (Check One) Noted <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur <input type="checkbox"/>			
Name representing DOIM		Telephone No.	
c. DCSIM (Check One) Noted <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur <input type="checkbox"/>			
Name representing DSCIM		Telephone No.	