

General Services Agency  
Copier Request  
Ventura County Contract #7895  
County-Wide Multifunctional Device Rental Program

To: **Copier Program Administrator**

From: \_\_\_\_\_

Date: \_\_\_\_\_

Agency \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Floor: \_\_\_\_\_ Room #: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Give estimated number of copies to be produced per month. \_\_\_\_\_

Give estimated number of double-sided copies to be produced per month. \_\_\_\_\_

Give the proposed location of requested copier (complete address including building, room).  
\_\_\_\_\_

Please charge the copies as follows:

Agency	Fund	Unit	Activity	Function	Program

\_\_\_\_\_  
Authorized signature

**For GSA-Procurement Official Use Only**

This form will act as Addendum # \_\_\_\_\_ to County of Ventura Contract #7895 and is intended to be used when adding, upgrading or moving any Segment 1 through 5 Convenience Multifunctional Device.

1. The Convenience Multifunctional Device fleet is revised as follows:
  - a. The following Equipment \_\_\_\_\_ is **added** as indicated above.
  - b. Pricing and Configuration per Contract 7895.
2. Except as stated in this Addendum, County of Ventura Contract #7895 shall remain fully intact.

**By signing below we indicate our acceptance of this Contract Addendum:**

**THE COUNTY OF VENTURA:**

**CANON SOLUTIONS AMERICA, INC.**

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date