

Date

Corrective SPIN Change
Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

Fax: (973) 599-6526
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Reference:

Applicant Name: APPLICANT
Billed Entity Number: NNNNNN
Form 471 Application Number: NNNNNN
Funding Request Number(s): NNNNNN
Funding Year: YYYY

E-Rate Administrators:

[Brief explanation of reason for change request.]

The requested change is shown below:

Current: 1430NNNNN	ORIGINAL SUPPLIER
	Contact: NAME
	Telephone: NNN-NNN-NNNN
	E-mail: nnnnn@mmmmmm.com

Request: 1430NNNNN	ORIGINAL SUPPLIER
	Contact: NAME
	Telephone: NNN-NNN-NNNN
	E-mail: nnnnn@mmmmmm.com

The effective date of this SPIN change should be [DATE – normally July 1 of the funding year].

Thank you for your assistance.

Sincerely,

AUTHORIZED SIGNER
nnnnn@mmmmmm.com