

Date

Corrective SPIN Change  
Schools and Libraries  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-685

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