

Date

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

Fax: (973) 599-6526  
Page 1 of 1

**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].

I certify that (1) all SPIN changes requested in this letter are allowed under all applicable state and local procurement rules, (2) the SPIN changes are allowable under the terms of the contract, if any, between the applicant and its original service provider, and (3) the applicant has notified its original service provider of its intent to change service provider.

Thank you for your assistance.

Sincerely,

AUTHORIZED SIGNER  
nnnnn@mmmmmm.com