

SLD SERVICE DELIVERY DEADLINE EXTENSION REQUEST

Date:

Service Delivery Deadline Extension Request
Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

Re: Case #:
Applicant Name:
Funding Year:
Billed Entity No:

To whom it may concern,

We request an extension to the FRN listed below.

471 Application Number:
Funding Request Number:
Service Provider Name:
SPIN

Per SLD guidelines this request may be permitted under item 3 of the guidelines...

3. The applicant requested an extension because the service provider is unable to complete delivery and installation for reasons beyond the service provider's control.

Detailed Request: *(describe your reason for this request)*

The contact information for this request is as follows:

Name:
Title:
Address:
Phone:
Email:

Sincerely,