



Monroe 2 - Orleans Board of Cooperative Educational Services

REQUEST FOR ADDITIONAL SERVICE

PART I - TO BE COMPLETED BY DISTRICT REQUESTING SERVICE

District Name: _____ School Year of Service: _____
 Address: _____ Estimated Cost: _____
 City: _____ Co-Ser #: _____
 State: NY Zip: _____ Add to contract
 District Contact: _____ Phone #: _____ Current contract

Service Requested - Provide all necessary information, i.e. numbers and names of participants. (check one)
 If more space is required, attach separate sheet.

_____ School Superintendent Name	_____ School Superintendent Signature	_____ Date
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Send all copies to: District Superintendent
 Monroe 2 - Orleans BOCES
 3599 Big Ridge Road
 Spencerport, New York 14559

PART II - TO BE COMPLETED BY MONROE 2 - ORLEANS BOCES

- We are in the process of making the necessary arrangements for the above service request to be accomplished. You will be contacted by the appropriate service personnel in the near future.
- We are unable to provide this service at the present time due to the following reason:

_____ Jo Anne L. Antonacci	_____ District Superintendent Signature	_____ Date
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Thank you for submitting the above request to us. If we can provide any further assistance to you, let us know.

Distribution: Original to BOCES Business Office.
Copies to BOCES Program Director and requesting school district.