



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

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:

Thomas K. Putnam, Ed.D.
 District Superintendent Name District Superintendent Signature Date

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.