



E-RATE CONTACT INFORMATION

Prepared by: _____ Date: _____

1 Enter School/Library Address

School or Library Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

2 Superintendent OR Administrator:

Name: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

Primary E-Rate Contact: _____ Yes _____ No _____ Copies Only

3 Technology Coordinator or Technology Contact if no TC on Staff:

Name: _____

Title: _____

Company: _____ (if not employed by school/library)

Email: _____

Phone: _____ Fax: _____

Primary E-Rate Contact: _____ Yes _____ No _____ Copies Only

4 Accounts Payable (our contact for copies of bills, discount information for E-Rate)

Name: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

RETURN completed form to Kellogg & Sovereign Consulting, LLC.

FAX: 580-332-2532 OR Email: annhill@kelloggllc.com