

**AMENDMENT to the INTERGOVERNMENTAL AGREEMENT  
between  
WILLAMETTE EDUCATION SERVICE DISTRICT and**

\_\_\_\_\_  
Entity Name

This Amendment # \_\_\_ changes certain provisions of the agreement between the WESD and (Entity name) \_\_\_\_\_.

**The parties agree as follows (fill in only the section that applies):**

The term of the agreement takes effect on: _____ and ends on: _____
The new Scope of work includes:
Change in cost or payment terms:

**ENTITY DATA**

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

*I HAVE READ THIS AMENDMENT AND I CERTIFY THAT I HAVE THE AUTHORITY TO SIGN AND AMEND THIS  
AGREEMENT AND AGREE TO BE BOUND BY THE TERMS OF THE AMENDMENT.*

*THIS AMENDMENT IS NOT VALID UNTIL ALL SIGNATORY APPROVALS ARE COMPLETED*

\_\_\_\_\_  
Entity Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director of Business Services

\_\_\_\_\_  
Date