Eastgate Regional ITS Architecture

Change Request (CR) Form

To Be Completed By Stakeholder(s) Requesting Changes		
Originator Name:		Date Submitted
Originator Telephone:	Originator Fax:	Originator E-Mail:
Originator Agency:		Functional Area:
Agency Authorized Signature:		Signature Date:
Description of Proposed Change:		
Rationale for Proposed Change:		
Affected Agency:	Authorized Signature:	Signature Date:
Affected Agency:	Authorized Signature:	Signature Date:
List Attachments:		
Baseline Documents Affected: _____ Website _____Turbo Architecture _____Market Package Diagram _____Architecture Document _____Other (describe)		

To Be Completed By Maintenance Manager		
Change Request Number:	Date CR Received:	Date CR Logged:
Date Initially Discussed:	Disposition: ☐ Accepted ☐ Rejected ☐ More Info	Disposition Comments
Date Discussed:	Disposition: ☐ Accepted ☐ Rejected ☐ More Info	Disposition Comments
Date Discussed:	Disposition: ☐ Accepted ☐ Rejected ☐ More Info	Disposition Comments
Date of Maintenance Working Group Approval (If Applicable):		
Baseline Documents Affected/Version implemented ☐ Turbo Architecture Date: _____ Version: _____ ☐ Website Date: _____ Version: _____ ☐ Market Package Date: _____ Version: _____ ☐ _____ Date: _____ Version: _____ ☐ Architecture Doc Date: _____ Version: _____		