



Eastgate Regional ITS Architecture & Strategic Plan

Project Form

Name:		Date:
Agency:		
Telephone:	Fax:	E-Mail:
Project Title:		
Project Description:		
Service Area(s):		
Project Priority: <input type="checkbox"/> Short term (0-5 years) <input type="checkbox"/> Medium term (5-10 years) <input type="checkbox"/> Long term (10+ years)		
Project Cost:		Operation & Maintenance Cost (per year):
Affected Agency:		<input type="checkbox"/> Agreement Required
Affected Agency:		<input type="checkbox"/> Agreement Required
Affected Agency:		<input type="checkbox"/> Agreement Required
Affected Agency:		<input type="checkbox"/> Agreement Required
List Attachments:		