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| **Northeastern Illinois Regional ITS Architecture Change Request Form**  *Please submit completed forms to* [*ITS@cmap.illinois.gov*](mailto:ITS@cmap.illinois.gov)*. Note that boxes on this form can be expanded with additional lines if needed. CMAP staff will contact you with any questions.* | | | |
| **Stakeholder proposing change** | **Name:** | | |
| **Phone:** | | |
| **Email:** | | |
| **Sponsoring agency:** | | |
| **Date submitted:** | | |
| **Description of change** | **Title of change:** | | |
| **Type of change:**  New  Deleted  Modified | **Change in (check all that apply):**  Project definition  Stakeholder  Project status  Project priority  National architecture  Regional needs  Other (describe below) | **Action (check all that apply):**  Add new element  Add new information flows  Add new service  Delete element  Delete information flows  Modify element  Modify information flows  Other (describe below) |
| **Project summary and detailed change request (e.g., what is to be added, deleted, or modified):** | | |
| **Rationale for change (e.g., needs to be addressed):** | | |
| **Other agencies/stakeholders affected by change (please list):** | | |
| **Other systems affected by change (note higher level interactions, if applicable):** | | |
| **Link to web-based architecture entry for this component (if applicable – see** [**here**](https://www.arc-it.net/html/servicepackages/servicepackages-areaspsort.html)**):** | | |
| **Additional comments** |  | | |
| **Secondary/ additional contacts** | **Name:** | | |
| **Phone:** | | |
| **Email:** | | |
| **Agency and role:** | | |

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| **To be completed by:** | |
| **CMAP ITS staff** | **Change request number:** |
| **Date change request received:** |
| **Change request status:**  Pending  Accepted  Rejected  Returned with questions or comments |
| **Transportation Technology and Operations Coalition** | **Discussion date:** |
| **Concurrence:** Yes  No  More information needed |
| **Comments:** |
| **If approved, version number for inclusion in the ITS Architecture:** |