|  |  |  |  |
| --- | --- | --- | --- |
| **Northeastern Illinois Regional ITS Architecture Change Request Form** | | | |
| Stakeholder Proposing Change | Name: | | |
| Phone: | | |
| Email: | | |
| ATTF Sponsoring Agency: | | |
| Date |  | | |
| Description of Change | Title of Change: | | |
| System/Project Change  New  Deleted  Modified | Change in (check all that apply):  Project definition  Stakeholder  Project status  Project priority  National Architecture  Regional needs  Other, describe | 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) |
| Detailed Description: (what is to be added, deleted, or modified): | | |
| Rationale for Change: | | |
| Other Agencies Affected by Change: | | |
| Other Systems Affected by Change: | | |
| Additional Comments |  | | |

|  |  |
| --- | --- |
| To be completed by CMAP Staff | |
| Change Request Number:  Date Change Request Received:  Change Request Status (accepted, rejected, pending): | |
| Advanced Technology Task Force | Discussion Date: |
| Decision: (Accept, Reject, More information): |
| Comments: |
| Transportation Committee | Approval Date: |
| Comments: |
| Policy Committee | Approval Date: |
| Comments |