

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	Change in (check all that apply):	Action (check all that apply)
	<input type="checkbox"/> New	<input type="checkbox"/> Project definition	<input type="checkbox"/> Add new element
	<input type="checkbox"/> Deleted	<input type="checkbox"/> Stakeholder	<input type="checkbox"/> Add new information flows
	<input type="checkbox"/> Modified	<input type="checkbox"/> Project status	<input type="checkbox"/> Add new service
		<input type="checkbox"/> Project priority	<input type="checkbox"/> Delete element
	<input type="checkbox"/> National Architecture	<input type="checkbox"/> Delete information flows	
	<input type="checkbox"/> Regional needs	<input type="checkbox"/> Modify element	
	<input type="checkbox"/> Other, describe	<input type="checkbox"/> Modify information flows	
		<input type="checkbox"/> 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:			
Link to Web-Based Architecture Entry for this Component:			
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: