**Specification Change Request Form**

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| **SUBMITTER INFORMATION** |
| Submitter: | [Submitter:] | Company Name: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Mailing Address: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Submittal Date: | [Submittal Date:] | Franchise Utility No: | Click or tap here to enter text. |
| **SUMMARY OF CHANGE REQUEST** |
| Part (I, II, III, IV, V, VI): | [Part] |
| Chapter: | [Chapter] |
| Page or Drawing Number: | [Page or Drawing Number] |
| Request:[Request:] |
|  |
| Reason for Request: [Reason for Request] |
|  Attachments Included? [x] Yes [ ]  No |

|  |  |
| --- | --- |
| **Findings (Completed by COB )** | **Date:** [Findings Date] |
| [Findings] |
| Attachments Links: | Click or tap here to enter text. |
| Assigned ACE: | [Assigned ACE] |
| Review Status: | [Review Status:] |