

SIT-209 User Committee

ENHANCEMENT REQUEST FORM

NAME: _____

DATE _____

AGENCY: _____

GEOGRAPHIC AREA _____

ADDRESS: _____

Local Dispatch Center _____

OFFICE PHONE _____

Email _____

Explain the recommended enhancement and explain how the change will benefit the users and/or the program. As part of your explanation, please address: Does this enhancement benefit you as an Agency, as a geographic area and/or will it benefit all SIT-209 users and why?

Please specify the affected area(s) of the application, i.e., which screen(s), processes, etc. the enhancement will involve.

Identify the Pros and Cons of your recommendation:

Pros:

Cons:

REVIEW DATE: _____

APPROVED: _____ DENIED: _____

IF DENIED, WHY?

DATE SUBMITTED TO IBM: _____

APPROVED: _____ DENIED: _____

IF DENIED, WHY?

Electronically email or fax to your GACC Intel Coordinator for review