

# Project Change Request Form (PCR Form)

## Contact Information

Requesting Department:

Date:

Requester Name:

Email:

Title:

Phone:

## Project Information

Project Name and Address:

Project Start Date:

CIP Number:

Anticipated Completion Date:

## Change Information

Describe the Change: (detailed description of the change):

*Max 500 characters*

Business case and projected outcomes (describe why the change is needed and what you hope to achieve):

*Max 500 characters*

Describe potential impacts if the change is not made:

*Max 500 characters*

## Budget & Funding

What is the anticipated cost of the change?

Are there funds in the project to cover the cost of the change?

Describe the impact to project schedule:

Overall Project Budget:

## Approvals

Department Director:

Print Name:

Date:

Signature

Facilities Director

Print Name:

Date:

Signature

County Administration

Print Name:

Date:

Signature