

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