

Kansas NG911 COR

Type Change:		Date of Request:		Requestor:	
Requestor's Org / Dept:			Requestor's Phone:		
Priority:	Risk:	Program Area:		Service-affecting? <small>(Check if yes)</small>	
Scope / Description:					
Reason or Purpose of Change:					
Performance Impact:		Schedule Impact:		Estimated Cost Impact:	
Received:	Reviewed:	Change Mgr:		Ph ne	
COR ID:					
Recommendation:					
Disposition:					
Received:	Reviewed:	CCB Chair:		Ph ne	
Recommendation:					
Disposition:					
Received:	Reviewed:	CAB Chair:		Ph ne	
Recommendation:					
Disposition:					
Received:	Reviewed:	Exec Chair:		Ph ne	
Recommendation:					
Disposition:					
Received:	Reviewed:	# " Chair:		Ph ne	
Recommendation:					
Disposition:					
Signature		Date		Signature	
NG911 Program Manger				NG911 Administrator	