⚙ AT&T

Change Request

System ID _____

	OTC	MO	DA	YR	SEQ
Control Number

Identification   Date _____

_____   _____   _____
Name of Initiator   Ten Digit Tel No   Init Co

_____
Complete Address of Initiator

Change Description   Attachment   Y or N

_____

Impact   Training ☐   Hardware Design ☐
                Documentation ☐   Software Design ☐

Reason For Change

Economic Impact

Receipt

Received (AT&T By _____   Date _____ Time _____

Action Taken (AT&T)   Description   By   Date

_____   _____   _____
_____   _____   _____
_____   _____   _____
_____   _____   _____

Result   Approved ☐   Hold ☐   Rejected ☐   Cancelled ☐

Reason

Company Notified

         Individual Notified   By   Date

_____   _____   _____
_____   _____   _____
_____   _____   _____

NOTICE