



## MULTI AGENCY COMMUNICATIONS CENTER

911 Emergency Communications.....*Providing quality service to others*

### MACC CHANGE REQUEST FORM

Please use this form to request any of the following:

- a change in MACC operations
- a revision of a procedure or policy
- a new project
- any other request for MACC

Explain your request in detail using the following format and return to the MACC Director.  
If needed additional pages may be used.

Today's Date \_\_\_\_\_

Your Name/Title \_\_\_\_\_

Your Agency Name \_\_\_\_\_

Explain your request using as much detail as possible.

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Is it possible that your request may affect other MACC User Agencies?

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Is this request to resolve a current issue? What is that issue?

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How will this request improve MACC service to your agency?

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What is the level of urgency for this request? Is this request of an emergent nature?

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MACC will complete this portion of the form

Date Request on TAC Agenda: \_\_\_\_\_

Suggestion for change addressed at TAC Meeting (Date)

\_\_\_\_\_

Explain TAC action taken:

\_\_\_\_\_

\_\_\_\_\_

Date Other User Agencies Notified of Request

\_\_\_\_\_

\_\_\_\_\_

Date of MACC Board meeting for Board discussion/action \_\_\_\_\_

Explain MACC Board action taken

\_\_\_\_\_

\_\_\_\_\_

Date User Agencies Notified of Board Action (List Agencies Notified) \_\_\_\_\_

Estimated Timeframe to complete the request \_\_\_\_\_

Date Request implemented \_\_\_\_\_

MACC User Agencies Notified of Change \_\_\_\_\_

Date for Review of Implementation (i.e. 30, 60, 90,days) \_\_\_\_\_