



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.

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

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

How will this request improve MACC service to your agency?

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) _____