

Electronic Real Estate Recording Task Force

Change Request / Problem Report Number _____

Submitted by:	
Date:	_
Priority:	(low, medium, high) *
Description of Problem / Change:	
Impact Analysis: Recommendation / Description of Solution	
Items / Milestone Impacted	
Project Kickoff	Draft Models/Standards
Conduct Interviews	
	uiveys
Estimated Effort in Hrs.	
Estimated Financial Cost: _	
Approval Date:	
RESOLUTION: [date] [Commo	ant [initials]
[date] [Comme [date] [Comme	
etc.	
COMMENTS:	