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| CHANGE AUTHORIZATION FORMSUMMARY MASTER SCHEDULES | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Program:** | | | Wastewater | | | | | | | |  | **Date:** | | | | | | |  | | | | | |
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| **Project Title:** | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Project Manager:** | | | | | |  | | | | **Change #:** | | | |  | | | | | | **WO:** | |  | | |
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| **Type of Change Requested** (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | **Add Project** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Delete Project** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Revise Project Schedule** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Revise Project Construction Cost** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Revise Project’s Construction Expenditure Plan** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Revise Responsible Office | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Revise Project Manager** | | | | | | | | | | | | | | | | | | | | | | |
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| Description of Proposed Changes | | | | | | | | | | | | | | | | | | | | | | | | |
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| Impact on Schedule and Budget | | | | | | | | | | | | | | | | | | | | | | | | |
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| Justification for Proposed Change | | | | | | | | | | | | | | | | | | | | | | | | |
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| RECOMMENDED BY | | | | | | | |  | | | | |  | | |  | | | | | | | | |
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| PROGRAM MANAGER | | | | | | | |  | DATE | | | |  | | CLIENT REPRESENTATIVE | | | | | | | | DATE | |
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| APPROVING AUTHORITY | | | | | | | |  | DATE APPROVED | | | | | | | | |  | | | | | | |