

WEBSITE CHANGE REQUEST FORM

Requested By (Name): _____ Department: _____

Contact Information:

Phone Number: _____

Email Address: _____

Request Details:

Website URL: _____

Type of Change: _____

Change Description:

Business Justification:

Priority Level:

Low Medium High Critical

Requested Completion Date: _____

Approval Section:

Approver Name: _____

Approval Status: _____ Date: _____

Comments:

Approver Name: _____

Approval Status: _____ Date: _____

Comments:

LEGAL NOTICE: By submitting this Website Change Request Form, the Requester acknowledges and agrees that all information provided is accurate and complete to the best of their knowledge. The Requester understands that any changes implemented based on this request must comply with all applicable United States laws and company policies. Unauthorized changes or misrepresentations may result in disciplinary action. This form and any associated approvals constitute a legally binding agreement for the requested changes.

Original source of this document:

<https://formtemplate-us.com/website-change-request-form/>

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