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| **Date:** | | | | |  | | | | | | | | | | | | | | **Request No.:** | | | | | | |  | | | | | | | | | | | | | |
| **To:** *(Owner)* | | | | | - Project Manager, Department of Administrative Services – Construction Services, Office of Design and Construction, 450 Columbus Boulevard, Suite 1201 North Tower, Hartford, CT 06103 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **From:** *(Agency)* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Number:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Title:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Phase:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Construction | | |  | | Substantial Completion | | | | | | | | | | | | | | |  | | | **% Complete** | | | | | | | | | | | | | |
| **References:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specifications Section(s) / Number(s): | | | | | | | |  | | | | | | | | | | | | | Paragraph(s): | | | | | | | |  | | | | | | | | | | | |
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| Drawing (s)Number(s): | | | | | | | |  | | | | | | | | | | | | | Detail(s) Number(s): | | | | | | | |  | | | | | | | | | | | |
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| **Requested Change:** (brief description) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Estimated Total Cost of Additional Fees:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **$** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Contingency (Percent of Funds Used to Date): | | | | | | | | | | | | | **$** | |  | | | | | | | Contingency Funds Available: | | | | | | | | | | | | | **$** |  | |
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| **Potential Other Costs** (i.e. A/E Fees, delays, etc.): | | | | | | | | | | | | No | | | | | Yes | | | | | Possible Amount: | | | | | | **$** | |  | | | | | | | | | | |
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| ***I, the Authorized Agency Representative, hereby submit of the above referenced Change Request for consideration:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Board of Regents for Higher Education / System Office Use Only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Connecticut State University System and Connecticut Community Colleges)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Authorized BOR Representative Name / Title* | | | | | | | | | |  | | | | *Signature* | | | | | | | | | | | | | | | | | |  | | | *Date* | | | | | |
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| **Reviewed & Recommended By Project Manager:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Approved By Assistant Director of Project Management:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Approved By DAS Deputy Commissioner or other Delegated Individual:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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