

Houston County Information Technology Request for Software Modification and/or Development

Date of Request	Requested By	Department	Phone

Is this a modification to an existing program? Yes No If so, what is the program name? _____

Describe the work that you are requesting:

Will this program correct a long existing problem or is this a new problem? _____

Requested Completion Date: ____ / ____ / _____

Please give a brief description of the benefits that are expected:

Estimated annual cost savings: (please show calculation):

Departmental Managers approval: _____

(signature)