

EFD

Electronic Filing Depository System Enhancement Request Form

Submit form to EFDchange@nasaa.org

CONTACT INFORMATION

Submitted by:		Jurisdiction:	
Email Address:		Phone #:	

CONTENT DETAILS

Request For:	<input type="checkbox"/> Correction of System Issue	<input type="checkbox"/> Reporting
	<input type="checkbox"/> System Enhancement	<input type="checkbox"/> New Feature

Priority:	<input type="checkbox"/> Immediate attention required
	<input type="checkbox"/> Handle in normal priority sequence
	<input type="checkbox"/> Defer

DESCRIPTION OF THE REQUEST *(attach additional document if necessary)*

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To be completed by Technology

<input type="checkbox"/> Approved
<input type="checkbox"/> Modified <i>(see attached note)</i>
<input type="checkbox"/> Rejected <i>(see attached note)</i>