



American Legion Auxiliary Department of North Carolina

REQUEST FOR ADDITION, REMOVAL, OR CORRECTION OF ALA NORTH CAROLINA WEBSITE

Purpose

The purpose of this form is to streamline and implement change controls to The American Legion Auxiliary Department of North Carolina website.

Scope

The use of this form is to track additions, deletions, or corrections. There can only be one change per request.

REQUESTER INFORMATION

Name of Requester _____ Date _____

TYPE OF REQUEST:

Please check one Addition Removal Correction

Provide a description of the request including where would you like this information to be located on the site? If a new heading is needed, please indicate the heading title

Is this time sensitive? No Yes Need by date _____

Is this a correction? Yes No If correction original Text and Location

Calendar Request

Event Name _____

Event Date(s) and time(s) _____

Event Location _____

For Office Use Only

Date of action

_____ Received at Department
_____ Department President Sign off Approved Denied
_____ Sent to MPC
_____ MPC Completed
_____ Filed with Department