**System Enhancement Request**

To submit a system enhancement request for the OTCnet Application, please complete the following form and submit it to: FiscalService.OTCChannel@citi.com. Please provide screenshots or reference documents with the email, if available, to better assess the enhancement request.

|  |  |
| --- | --- |
| **Date:** |  |

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| --- |
| **CONTACT INFORMATION** |
| **Agency Name:** |  |
| **Submitter’s Name:** |  |
| **Email Address:** | **Phone #** *(optional)***:** |
| **Phone Number:** *(optional)* |  |
|  |
| **ENHANCEMENT OVERVIEW** |
| **Type:** |  |
| **Functionality:** |  |
| **Priority:** |  |
| **Impacted Agency Locations(s)** | **Would you like your enhancement to affect your entire organization, specific agency locations (multiple endpoints), or only one agency location (one endpoint)?**  |

| **ENHANCEMENT DESCRIPTION** |
| --- |
| **Describe the recommended enhancement.**  |
|  |
| **Describe the rationale for the enhancement.**  |
|  |
| **Describe the impact to your agency if this enhancement is not implemented.**  |
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