



Record change requiring Statewide Program Manager (SPM) approval

Structure Identifier		Structure Number	
Structure Name		Date of Record Change	
Requesting Agency		Contact	
Structure Obsoleted <input type="checkbox"/> Yes <input type="checkbox"/> No		Ownership Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	
If replaced with new structure, provide new structure identifier, number and name			
Describe reason for requested change			
Ownership Transfer from _____ to _____			

Delegated Program Manager, if local agency record obsoleted

Date

Statewide Program Manager

Date