Department of Revenue
DOR Webpage Request Form

Where on the web site? Please give us the exact page/location.	Please describe in detail your changes. Indicate the type of change by placing an X in the appropriate box. ☐ Add ☐ Delete ☐ Change

In order for these changes to be considered the following signatures must appear:

Immediate Supervisor	Date
Second line Supervisor	Date
Branch Manager	Date
Director	Date
Exec. Director	Date

*** Official Use Only***

Date Received	Completed by: Date: