



هيئة مياه وكهرباء أبوظبي
Abu Dhabi Water & Electricity Authority

**DOCUMENT CHANGE REQUEST (DCR)
(F-005)**

Document No.: Volume _____ Chapter _____ Version _____ Document Type: _____

Document received from: _____

Document Title: _____

Description of the change request & Reason(s) (attach documents if required):

Raison for change

Requested by:	Signature	Date:
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Management Representative Review & Comments

Name:	Signature:	Date:
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Review and decision of the Originator:

Reviewed by:	Signature:	Date:
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Signature:	Date:
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Approved By:	Signature:	Date:
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Change Completed by:	Signature:	Date:
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Changes verified by:	Signature:	Date:
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Change Impact including Cost (notify to all affected divisions):

Management Representative:	Signature:	Date:
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