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|  | CENTRAL CONTRACTS AND LEGAL SERVICES (CCLS)**General Terms and Conditions (GTC) Change Request**Submit completed form to CCSContractsCounsel@dshs.wa.gov. |  |
| TODAY’S DATE |
| CCLS STAFF NAME | ADMINISTRATION | DIVISION |
| REQUESTOR’S NAME | CONTRACT NUMBER | CONTRACT CODE |
| **Name of Term (excerpt of the entire term, as is)** |

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| **Proposed Term (excerpt of the entire term, as is)** |

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| **Justification(s) to Support Request** |

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| **CCLS Notes** |

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| [ ]   **Approved** | [ ]   **Approved with changes** | [ ]   **Denied** |
| CCLS SIGNATURE DATE  |