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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](mailto: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 | | |