DCCECE/ABC
COPA CUSTOMIZATION REQUESTS/SUGGESTIONS

Agency Name:	
First/Last Name:	
Phone:	
Email:	

Time Frame Requested

☐ **Immediate** ☐ **Short-term (6 month)** ☐ **Long-term (12 month)**

Please indicate specific request/suggestion:

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Please send form
Attn: Jennifer Spriggs
DCCECE-ABC
700 Main Street, POB 1437, Little Rock, AR 72203-1437
Fax: 501-683-0971
Email: Jennifer.Spriggs@arkansas.gov

Request/suggestion will be implemented based on need and within time frame determined by DCCECE. Any and all customization requests will be approved and/or denied by DCCECE-ABC. Implementation and customization to COPA will be monitored and paid through contract between Nulinx, Inc. and DCCECE. Any requests/suggestions directly submitted to COPA Nulinx, without prior approval by DCCECE is prohibited.