

CHANGE REQUEST FORM

Project / Change Request Identification			
Change Request (CR) Number / ID:	Landfill Bills		
Project Name:	Redesign / Implementation – Landfill Bills	Date:	06/17/25
Client / Company Name:	City of Kingsport	Requested by:	
Prepared by:	Josh Ciccia		
Request Type:	Change Request		
Priority:	High		
Assessed by:		Assessed Date:	
Change Request Details / Description			
<p>Summary: In conjunction with the current utility bill redesign and migration to Doxim CCM project, the City of Kingsport would like to also have Doxim redesign and implement landfill bills. Once moved to production, Doxim will receive a data file from Hansen which will be set up to be processed, composed and delivered either via print/mail or email.</p> <p>The City of Kingsport will send a file monthly anticipates 110 statements to be generated and distributed to the corresponding customers. Doxim will also archive these documents per the current agreement period.</p>			
<p><i>Any items not implicitly included herein, is subject to Doxim's standard Change Request (CR) process.</i></p>			

Pricing and payment terms

Description	Effort / QTY	Cost \$
Professional Services - Land Fill redesign and template development	20 hrs.	\$5,000 (one-time)
**Base Statement Package – includes processing, postal optimization, suppression, PDF creation, all materials (highlight color lasering, paper, envelopes), electronic delivery to customers, return of PDF file to Hansen, document archival for 13 months.	110/month	\$0.1597/bill
Total		\$5,000

The prices above are for one-time delivery of Professional Services and exclude applicable taxes.

Additional ongoing processing costs/licencing fees as agreed to between the Client and Doxim may apply. These fees are excluded in this change request.

Payment Terms:

One-time setup fee due upon signing, statements will be involved monthly.

If Purchase Order is required, please indicate, and provide details upon signing:

☐ PO required, PO number _____

Expiry: This Change Request is valid for 30 business days from Change Request date.

If this period has lapsed without a decision to move forward, Doxim reserves the right to re-evaluate the solution and the associated costs and timelines for the engagement.

Change Request Approval

CR Number:			
Client Signature:		Doxim Signature:	
Name:		Name:	
Position:		Position:	
Date:		Date:	

*It is assumed the above signing authorities are able to bind this agreement for their respective company.
Above signing authorities will make all required respective company representatives aware of this Change Request and possible impacts.*

