

**PAPERWORK REDUCTION ACT
CHANGE WORKSHEET**

| | |
|-------------------------|------------------------------------|
| Agency/Subagency | OMB control number ----- |
|-------------------------|------------------------------------|

Enter only items that change

Current record

New record

| | | |
|------------------------------|--|--|
| Agency form number(s) | | |
|------------------------------|--|--|

| | | |
|---|---|---|
| Annual reporting and recordkeeping hour burden | | |
| Number of respondents | | |
| Total annual responses | | |
| Percent of these responses collected electronically | % | % |
| Total annual hours | | |
| Difference | | |
| Explanation of difference | | |
| Program change | | |
| Adjustment | | |

| | | |
|---|--|--|
| Annual reporting and recordkeeping cost burden (in thousands of dollars) | | |
| Total annualized Capital/Startup costs | | |
| Total annual costs (O&M) | | |
| Total annualized cost requested | | |
| Difference | | |
| Explanation of difference | | |
| Program change | | |
| Adjustment | | |

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|------------------------|
| Other changes** |
|------------------------|

| | | |
|---|--------------|------------------------------|
| Signature of Senior Official or designee: <i>Christina A. Walsh</i> | Date: | For OIRA Use _____ |
|---|--------------|------------------------------|

**This form cannot be used to extend an expiration date.