

**PAPERWORK REDUCTION ACT  
CHANGE WORKSHEET**

Agency/Subagency

OMB control number

—  
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*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

**Other changes\*\***

**Signature of Senior Official or designee:**

*Christina A. Walsh*

**Date:**

**For OIRA Use**

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