



# Enhancement Request Form

Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 MERS Org ID: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Recommended Enhancement is applicable to:

- Batch Processing
- MERS® OnLine Browser Application
- MERS® 1-2-3 OnLine Browser Application
- MERS® Commercial
- MERS® Link
- MERS® eRegistry

Part A: *Describe proposed enhancement (attach another page if necessary)*

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Part B: *How will this enhancement benefit MERS members?*

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Part C: *Describe any projected cost savings or revenue increases (please be specific)*

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Part D: *Describe any procedural changes associated with this enhancement*

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*For MERS Use Only:*

Date Received: \_\_\_\_\_ Date Acknowledged: \_\_\_\_\_ Tracking No: \_\_\_\_\_