**SIT/209 Enhancement Form**

\*\*\*Please email all enhancement forms to nicc.intel@firenet.gov\*\*\*

Name: Date:

Agency: GACC:

Local Dispatch Center:

Phone:

Email:

Identify the pain point in the SIT/209 Application:

Describe the proposed enhancement and how it would alleviate the SIT/209 pain point:

Describe who would benefit from this enhancement:

Describe the pros and cons of this enhancement: