Action Item Form
for the Configuration Management Database (CMDB)

Date: _____

Originator Information:

Name:_____
Organization:_____
Address:_____
_____
Phone:_____
Email:_____

Assignee Information:

Name:_____
Organization:_____
Address:_____
_____
Phone:_____
Email:_____

Application/Version:_____

Suspense Date:_____

Title:_____

Description:_____
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