

**COMPASS Special Model Run Request
for Non-Member Agency, Modified on 4/28/2004**

Company Name _____
 Address _____
 Phone Numbers _____

Contact Person _____
 Email _____

Date Submitted _____ (Allow 7 working days to complete)*

Road Name _____ or Termini _____

Describe Area Needed: (must have north/south and east/west termini)

Format of results _____ email _____ paper _____ mail _____ pick up

Are you requesting a change be made to the model network? _____

**Are you requesting a change made to the model demographics? _____

Is any trade secret information per Idaho Code 9-340D being provided for the special model run? _____
 (if "yes", please attach a list of that information which is claimed to be a trade secret.)

What is being analyzed ? _____

| Description of requested change: | COMPASS Use Only Adopted Model Inputs: |
|----------------------------------|---|
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Notes:

DISCLAIMER: 4.4 These projections are based on assumptions made by the consultant or member agency and therefore, are not endorsed by the Community Planning Association, its member agencies or the Transportation Model Advisory Committee.

This form must accompany the model results when submitted to any and all public agencies. Special model runs for non-member agencies will be charged a two-hour minimum at the established loaded rate for the staff person performing the work.

COMPASS reserves the right to deny special requests from non-member agencies.

* The completion of a special model run may be delayed if approval is needed by TMAC and / or the COMPASS Board.

**Must provide the Traffic Analysis Zone and the demographic data for each category in Microsoft Excel format.

I have read and accept the above information:

Signature _____

Date _____