**Bristol County Savings Bank Internal Report Request Form**

Instructions: All report requests must be submitted on an Internal Report Request Form. Please complete all of the fields, providing specific detail in the “Report Detail” section. Email this form, and any report samples or screen shots, to [**Report.Request@bcsbmail.com**](mailto:Report.Request@bcsbmail.com)

Submitted date: 1/24/2025 Requestor name: Kelly Abernathy

Type of request:  New  Modify existing (report name): Extract file for Lee and Mason (third party insurance tracking)

Business area: Operation

Proposed start date: 1/27/2025 Proposed due date: 2/1/2025

Output format:  PDF  Excel  iDashboard

|  |  |  |
| --- | --- | --- |
| Most recent business day | Most recent end-of-month | Specific Date: Click to enter a date. |
| Date Range: From: Click to enter a date. To: Click to enter a date. | | |

Report data as of:

Will this be a recurring report? Yes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daily | Weekly | Monthly | Quarterly | Yearly |
| Other: Click to enter text. | | | | |

If yes, frequency:

***Report Detail:***

|  |  |
| --- | --- |
| **Specific business need:**  Describe the business situation to be addressed by the report. | Portfolio of real estate loans for insurance tracking, includes residential, commercial and Home equity loans in a flood zone. |
| **Request goal:**  How will the business benefit from the report? | Required extract to deliver to third party vendor. |
| **Required fields:**  Provide the required fields names or description. | Please see attached file format request. There are to many fields to list here. |
| **Field sort:**  Describe how the information should be sorted (account number, name, branch, etc.). | Doesn’t matter |
| **Account Status:**  Check off account status(es) to include. | Active  Dormant  Non-Performing (non-accrual)  Closed  Charged-off |

For Business Support Services Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Job # | Date Submitted: | | Date Assigned: |
| Assigned To: | Estimated Hours: | | Actual Hours: |
| COCC Quote Required: | | | |
| Core report identified: | | Output scheduled/saved: | |
| Draft submitted date: | Final delivery date: | | |
| Final approval by: | | | |