



**Information Technology Department**

City of Waukesha  
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This form is to be used to justify and validate a formal Risk Acceptance of a known deficiency. The system's business owner is responsible for writing the justification and the compensating control or remediation plan. It is a requirement that a compensating control or remediation plan be defined to obtain full approval for a Risk Acceptance.

***This section is to be completed by the Information Technology Department:***

**Name, Title, and Department of Originator:** \_\_\_\_\_

\_\_\_\_\_

**Summary of Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Summary of How Doing This Will Put City of Waukesha (CoW) at Risk:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Benefits of Accepting This Risk:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Summary of Information Security Controls:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**After Controls what is the remaining Risk:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Risk Level:

☐ Low

☐ Medium

☐ High

***This section is to be completed by the requesting department:***

Benefits of Accepting This Risk: \_\_\_\_\_

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**CoW Risk Acceptance:**

Do you accept this risk?

☐ Yes.

☐ No.

☐ Yes, for a temporary period while controls are improved.

☐ I understand and accept responsibility for the outstanding risk related to the deployment and use of this application or service for the requested scope and timeframe. I find the current controls adequate, additional controls need not be applied. (This RAF will be reviewed and approved by the business owner and CoW IT Security team on an annual basis).

Signature of responsible person

*Date*

Printed name of responsible person