SUBSTITUTION REQUEST FORM

ALL SUBSTITUTION REQUEST FORMS FOR THIS PROJECT MUST BE RECEIVED BY THE PERSON AT THE ADDRESS SHOWN BELOW NO LATER THAN APRIL 24, 2018 AT 12:00 P.M. (NOON).

TO: Terri White
225 5th St
Development and Public Works, SE Quad
Springfield, Oregon 97477
twhite@springfield-or.gov

PROJECT: P11008, Springfield City Attorney Office and Security Upgrades
225 5th Street
Springfield, Oregon 97477

SPECIFIED ITEM: _____ _____ _____
Section Paragraph Description

The undersigned requests consideration of the following:

PROPOSED SUBSTITUTION:_____

_____

_____

_____

Attached data includes product descriptions, specifications, drawings, photographs, performance and test data adequate for evaluation of request including identification of applicable data portions.

Attached data also includes description of changes to Quote Documents and proposed substitution requires for proper installation.

The undersigned certifies following items, unless modified by attachments, are correct:

1. Proposed substitution does not affect dimensions shown on drawings.
2. Undersigned pays for changes to building design, including engineering design, detailing, and construction costs caused by proposed substitution.
3. Proposed substitution has no adverse effect on other trades, construction schedule, or specified warranty requirements.
4. Maintenance and service parts available locally or readily obtainable for proposed substitution.

Undersigned further certifies function, appearance, and quality of proposed substitution are equivalent to or superior to specified item.

Submitted by:_____

Firm:_____

Address:_____

Phone:_____

Signature:_____

Date:_____

Project Manager Decision:

☐ Approved

☐ Approved as noted

☐ Not Approved

☐ Received too late

Signature_____

Date_____