

CONSTRUCTION SPECIFICATIONS INSTITUTE SUBSTITUTION REQUEST FORM

To: _____ Project Architect: _____

Project Name: _____ Project Location: _____

DATE: _____ **BID DATE:** _____

We hereby submit for your consideration the following product as approved equal to or substitution for the specified item on the above project.

SECTION	PARAGRAPH	SPECIFIED ITEM
_____	_____	_____

PROPOSED SUBSTITUTION _____

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_____	_____	_____

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_____	_____	_____

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Complete Technical Data, Including ANSI Performance Testing, attached if applicable.

- Will substitution affect dimensions shown on drawings? Yes No
- What affect does substitution have on other trades? _____
- Difference in proposed substitution and specified item? _____
- Manufacturer's guarantee of the proposed and specified items: Functionality: Same Different

The undersigned states that the function, general appearance, and quality are equivalent to the specified item.

Submitted By

Date: _____

Name: _____

Company: _____

Phone #: _____

Fax#: _____

For use by Project Architect

Accepted

Not Accepted

Accepted as Noted

Signature

Date