



SUBSTITUTION REQUEST FORM

Project: _____ Substitution Request Number: _____
 From: _____
 To: _____ Date: _____
 A/E Project Number: _____
 Re: _____ Contract For: _____

Specification Title: _____ Description: _____
 Section: _____ Page: _____ Article/Paragraph: _____

Proposed Substitution: _____

Manufacturer: Jones-Blair Neogard Address: 2728 Empire Central, Dallas, TX 75235 Phone: 1-214-353-1600

Attached data includes product description, specifications and performance and test data adequate for evaluation of the request; applicable portions of the data are clearly identified.

Attached data also includes a description of changes to the Contract Documents that the proposed substitution will require for its proper installation.

The Undersigned certifies:

- Proposed substitution has been investigated and determined to be equal or superior to specified product.
- Warranty for proposed substitution complies with project specifications.
- Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule.
- Proposed substitution does not affect dimensions and functional clearances.

Submitted by: _____
 Signed by: _____
 Firm: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____

A/E's REVIEW AND ACTION

- Resubmit Substitution Request with the following additional information:

- Substitution is Accepted.
 Substitution is Accepted with the following comments:

- Substitution is Not Accepted.

Signed by: _____ Date: _____

Supporting Data Attached: Product Data Samples _____ _____