



SUBSTITUTION REQUEST

Project:	Substitution Request Number:
	From:
То:	Date:
	A/E Project Number:
Re:	Contract For:
Specification Title:	Description:
Section:Page:	Article/Paragraph:
-	RIES HOSPITAL PUSH/PULL W/MORTISE LOCK _Address: _1222 Ardmore Ave, Itasca, ILPhone: _630-875-9900
Trade Name:	Model No.:
Attached data includes product description, specifications, drawings, photographs and performance and test data adequate for evaluation of the request; applicable potions 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.	
Submitted by:	
Signed by:	
Firm:	
Address:	
Telephone:	
A/E's REVIEW AND ACTION	
□ Substitution approved – Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.	
Substitution approved as noted – Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.	
□ Substitution rejected – Use specified materials.	
□ Substitution Request received too late – Use speci	
Signed by:	Date:
Supporting Data Attached:	roduct Date Samples Tests Reports
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