CITY OF TACOMA SUBSTITUTION REQUEST FORM

We hereby submit for consideration, the following prod	uct instead of the specified item for your review:
City of Tacoma MID No:	
Item Description:	
Proposed Substitution:	
Provide a detailed comparison of the significant qualities (si characteristics, and including visual effect, where applicable original requirements. <i>The City will contact you to request a</i> Sample shall be shipped at proposer's cost.) for the proposed substitution in comparison with the
NOTES: Attach complete technical data, including laborato	ory tests, MSDS etc.
Manufacturer's guarantees of proposed and specified items	s are? Same Different* *Explain differences on attachment(s).
Undersigned attests function and quality equivalent or super additional payment and time which may subsequently be neadequately, and for the required work to make corrections to	ecessitated by failure of the substitution to perform
SUBMITTED BY:	FOR USE BY: City of Tacoma
	Accepted Accepted as Noted
Name	☐ Not Accepted ☐ Sample Received
	By:
Firm	(Project Lead/Manager)
	Signature:
Email Address	
	Date:
Phone No.	DENANCE
	REMARKS:
Signature Date	