

SUBSTITUTION REQUEST FORM

**(Submit one completed form for each substitution request
fourteen (14) calendar days prior to bid submittal)**

TO: County of Sonoma Architecture Division

PROJECT: _____

CONTRACTOR: _____

SUBCONTRACTOR/SUPPLIER: _____

SPECIFIED ITEM (indicating location in contract documents where item is specified): _____

Attach complete technical data, including laboratory tests, if applicable.

Include complete information on changes to Drawings and Specification that the proposed substitution will require for its proper installation.

The undersigned bidder certifies that the function, appearance, and quality of the proposed substitution are equivalent or superior to those of the specified item.

Submitted by:

COUNTY ARCHITECTURE DIVISION

Contractor

___ Accepted

Contractor Signature

___ Accepted as Noted

Name

___ Not Accepted

Comment

By: _____
County's Project Manager

Date: _____

By: _____
Project Manager's Supervisor

Date: _____