



MASONS SUPPLY COMPANY

OREGON • WASHINGTON

PORTLAND, OR
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SUBSTITUTION REQUEST

TO: _____

PROJECT: _____

SPECIFIED ITEM: _____

Section	Page	Paragraph	Description
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PROPOSED SUBSTITUTION: _____

Description: _____

Supporting documentation is attached to allow assessment of the proposed substitution. The undersigned certifies that, unless modified by attachments, the substitution complies with all Division I substitution requirements as well as other specific requirements indicated in the pertinent Technical Section(s).

Submitted by:

Name

Signature

General Contractor (if after award of Contract)

Firm Name

Address

City, State, Zip

Date

Telephone

Fax

Attachments

For use by A/E

☐ Approved

☐ Approved as Noted

☐ Not Approved

☐ Received Too Late

By _____

Date _____

Remarks _____

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