



WALL SYSTEMS/ POLYISOCYANURATE SUBSTITUTION REQUEST FORM

ARCHITECT: _____

PHONE: _____

FAX: _____

PROJECT: _____

BID DATE: _____

We do hereby submit for your consideration the following product(s) in addition to the specified item(s) for then above referenced project.

Thank you for your consideration of Hunter Panels products.

SECTION	PAGE/SHEET NO.	PARAGRAPH/LINE	SPECIFIED ITEM

Proposed Substitution:

Attach complete product description, drawings, photographs, performance and test data, available colors and finishes, and other information necessary for evaluation. Identify specific model numbers finishes, options, etc.

A. Will changes be required to building design or any components or assemblies in order to properly install proposed substitution?

YES NO

If YES, explain:

B. List description of the difference proposed for each substitution and specified item.

C. Does substitution affect drawing dimensions?

YES NO

If YES, explain:

D. What effect does the substitution have on other trades? List affected trades

None

E. Does manufacturer's warranty of proposed substitution differ from the specified?

YES NO

If YES, explain:

F. Will substitution affect progress schedule?

YES NO

If YES, explain:

G. Will substitution require more license fees or royalties than specified product?

YES NO

If YES, explain:

H. Will maintenance and service parts be locally available for substitution?

YES NO

If NO, explain:

I. Will substitution require additional testing, inspection, certification or approvals?

YES NO

If YES, explain:

Submitted by: _____

Title: _____

Manufacturer: Hunter
Address: 15 Franklin Street
Portland, ME 04101

Telephone: 888-746-1114

Fax: 877-775-1769

Signature: _____

Date: _____

Local Rep: _____

Phone: _____

FOR ARCHITECT'S USE ONLY:

Accepted Not Accepted as Noted

Not Accepted

By: _____

Date: _____

Remarks: