Attachment "D"

REQUESTS FOR APPROVED EQUALS FORM

Potential Vendors may submit for the City's consideration for a determination of approved equal status. Requests for Approved Equals must be submitted on the below form and delivered by email to the TBoynton@stonecrestga.gov, no later than date and time listed on page **ITB-3** in the **Solicitation.** The City's response to Requests for Approved Equals will be issued by addendum. Do not submit this form through DemandStar.

Vendor shall submit with this form any relevant product literature in order to demonstrate that the product meets all the solicitation requirements. City is not obligated to review incomplete requests.

Vendor to complete the following:

Vendor Name: _____

Contact Name/Title: _____

E-mail:_____ Phone: _____

Solicitation No.:_____Solicitation Title: _____

Request No.: _____ Ref. Page No.: _____ Ref. Specification No.: _____

Specification Requirement from solicitation:

_____

_____

Request for Approved Equal:

Manufacturer Offered: _____

Model No./Product: _____

Description of product offered for approved equal:

_____

_____

_____

_____

Product Literature is attached to this form? ☐ Yes ☐ No

For City Use Only

City Response: ☐ Approved ☐ Not Approved

Reasons: _____

_____