

REQUEST FOR APPROVED EQUAL / SUBSTITUTION

Bidder Name: _____

Manufacturer Proposed: _____

Product Model/Series #: _____

Is alternate intended to fully meet the IFB specifications? ☐ Yes ☐ No

REQUIRED ATTACHMENTS (check to confirm inclusion):

- ☐ Product specification sheets
- ☐ Dimensional drawings & material composition
- ☐ Warranty statement
- ☐ Technical data demonstrating equivalency
- ☐ Compatibility confirmation with County configuration
- ☐ Field use references (minimum one utility)
- ☐ Installation requirements (if applicable)

Describe variance from specified product (or state "None"):

Bidder Certification:

I certify that the product submitted above meets or exceeds the requirements and is compatible with County systems. All supporting documentation is included.

Signature: _____ Date: _____

Name & Title: _____

Company: _____