APPENDIX E

DESIGN GUIDELINE REQUEST FORM

(Please Type or Print)

Date: ____________________ Agency: _______________________________
Submitted by: ____________________ Facility: _______________________________
Phone: ____________________ Address: _______________________________
Fax: ____________________ Email: _______________________________

SPECIFICATION DIVISION:
(From the Design Guideline Manual)

SUGGESTION:

BASIS FOR SUGGESTION or REVISION:
(The primary criteria for deciding on whether to incorporate a suggestion into the Design Guidelines Manual will be to substantiate a REOCCURRING problem with performance of a product, system or design which results in a safety problem, a higher than normal cost to remedy or a higher than normal Operational Cost to maintain).

DOCUMENTATION OF NEED:
(Attach photographs/information that substantiates the need for this guideline)

Submit to: State Architect’s Office , Centennial Office Building- Rm 301, 658 Cedar Street, St. Paul, MN  55155