DESIGN GUIDELINE REQUEST FORM

(Please Type or Print)

Date: ____________________ Agency: _______________________________

Submitted by: ____________________ Facility: _______________________________

Phone: ____________________ Address: _______________________________

Fax: ____________________ Email: _________________________________

SPECIFICATION DIVISION:
(From the State’s Design Guidelines)

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 Project Manager