

Assigned by Purchasing Div.

MODIFICATION (WAIVER) REQUEST

Requesting Department & Division	Conta	ct Name	Telephone #		
Department Head Signature	Date	Original RQ #	Estimated Cost		
Ching Menny			\$		
Is this Procurement State or Federally funded?	YES	NO			

Reason for Modification Request:

Please complete this form and attach all supporting documents. Give complete, accurate, detailed explanation of your request. Please be specific.

Sole Source: The purchase of a commodity or service from the only known single source. *Attach verification*. **Code Provision:** <u>53.50.090 (c)</u>

Class 2 Emergency: A circumstance that poses a threat to the health, welfare or safety of the public. **Code Provision:** <u>53.50.090 (L)</u>

No Substitute: A request for a specific brand name and model number of a particular item to be purchased. The item must be available from more than one supplier.

Approved By:

Renée Loree	10/26/2022	FY	RQ	\$ Amount	PO #	Purchasing Approval
Purchasing Officer	Date					
City Manager	Date					
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Purchasing Officer Comments:

Expiration Date: