



ANDREW M. CUOMO
Governor

ROANN M. DESTITO
Commissioner

Request for Modifications or Renovations

Customer Name:

Project Title				
Type of Project:	ITS(Communications)	Walls/Partitions	Security Systems	Lighting
Electrical	HVAC	Plumbing	Furniture/Equipment	OTHER
Facility Address				
Project Manager Contact		Phone:	E-Mail Address:	
Funding Contact		Phone:	E-Mail Address:	
Provide detailed description, plans and specifications of work to be performed:				
Justification for why work is being requested:				

Identify contractors and subcontractors to be used on this project:

Please attach proof of Contractor/Subcontractor's qualifications and proof of their insurance coverage as required by your lease

Project Phases

Expected Cost	\$	Confidence in Estimate	High	Medium	Low
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Communication Plan (Plan for conveying project information to OGS, including the methods and frequencies)

Authorized Representative:

Print Name and Title

Signature

Date