

Polk County Weatherization REQUEST FOR CHANGE ORDER

Project #: [REDACTED] Project Address: [REDACTED]

Contractor: [REDACTED] Contractor Address: _____

City, State, Zip: _____ Date of Service: 6/6/14

Code	Reason for Request	Mat. \$	Labor \$	Total \$	A	D
6130	Additional air sealing SOLIF perimeter of ceiling and perimeter of 3 windows	20	100	120	X	
8320	Shower head		10	10		X
8330	faucet handles		6	6		X
TOTAL		20	84	104	X	

Increase Amount: \$ 120 Decrease Amount: \$ (16)

Total Cumulative Amount: \$ 104

Evaluator/Inspector Signature: [REDACTED] Date: 6/6/14

Contractor signature: [REDACTED] Date: _____

If Total Cumulative Amount of Change Orders Exceed \$1,000.00, Housing Services Manager Approval is Required.

Disapproved: Reason: _____

Housing Services Manager: _____ Date: _____