



Project _____ Date _____

 To _____ From _____
 _____ Address _____
 Re _____ City/State/Zip _____

Specification Title _____ Description _____
 Section: _____ Page: _____ Article/Paragraph: _____

Proposed Substitution: _____

Manufacturer: Rollease Acmeda Address: 200 Harvard Ave., Stamford, CT 06902 Tele # 203-964-1573

Reason For Not Providing Specified Product _____

Differences Between Proposed Substitution and Specified Product _____

Comparative Data Attached

Proposed Substitution Affects Other Parts of Work: NO YES Explain: _____

Supporting Data Attached: DRAWINGS PRODUCT DATA SAMPLES TESTS REPORTS _____

Savings to Owner For Accepting Substitution _____ (\$ _____)

Proposed Substitution Changes Contract Time: NO YES ADD DEDUCT _____ Days

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The Undersigned Certifies:

- Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product.

Subitted by _____

Signed by: _____

Firm Name: _____

Address: _____

Tele #

Attachments: _____
