

Request for Waiver Release Form

Writing Instrument Contract

DATE: _____

MAIL TO: Virginia Industries f/t Blind
1535 High St., Richmond 23220
ATTEN: Waiver Reviewer

Requestor's phone number ()

Requestor's fax number ()

FAX TO: (804) 786-4582

Agency _____ requesting _____ release: _____

Address: _____

Person requesting release: _____ Title: _____

User's _____ Department: _____

User's name (if different from requestor): _____ Title: _____

Indicate the items requested to be purchased off state contract

<u>ITEM NO.</u>	<u>PRODUCT</u>	<u>BRAND</u>	<u>TYPE-MODEL-DESCRIPTION</u>	<u>QUANTITY</u>
1.				
2.				
3.				

**FOR EACH ITEM ABOVE, LIST SPECIFIC FUNCTIONAL REQUIREMENTS NOT BEING MET BY VIRGINIA INDUSTRIES FOR THE BLIND PRODUCT WITH AN EXPLANATION.
(PERSONAL PREFERENCE IS NOT CONSIDERED JUSTIFICATION FOR WAIVER)**

Above corresponding:

ITEM NO. 1.

ITEM NO. 2.

ITEM NO. 3.

Above corresponding:

Section to be completed by VIB

ITEM NO. 1.	[] GRANTED	[] DENIED	DATE: / /
ITEM NO. 2.	[] GRANTED	[] DENIED	DATE: / /
ITEM NO. 3.	[] GRANTED	[] DENIED	DATE: / /

COMMENTS:

VIB AUTHORIZED SIGNATURE

DATE