

**BUILDING CHANGE REQUEST
STATE PRESERVATION BOARD**

SPB File No. _____ Work Order No. _____

SPB use only

REQUEST

Agency: Governor Senate House SOS
 LBB SPB DPS LRL RK Group
 Other (specify) _____

Date of Request Member Room Number or Location Telephone / Fax Number

Requested By Position or Title Email Address Attachments: Yes No

Briefly describe the requested change and the reason for the change:

*** Agency Approval** _____ Or _____ Or _____ Date _____
Patsy Spaw Will Metcalf Head of Agency (checked above)
 Request Reviewed Request Denied

REVIEW (to be completed by SPB)

Reviewer Signature Request Reviewed Request Reviewed with Modifications
 Request Denied

Modification: _____

Date

ESTIMATE COST (to be completed by SPB)

Estimated Cost Estimate Provided By Date of Estimate

APPROVAL AND ACCEPTANCE OF COST (required prior to start of requested work)

Agency: _____ Source of funds _____

Or _____ Or _____

Member **Authorized Member's Staff** **Authorized Agency Signature**

Date _____

***FINAL APPROVAL** _____

***REQUIRED SIGNATURES** Bob Cash, SPB Director of Facilities Date