CHANGE ORDER #:			
		DATE:	
		LEASE NO:	
PROJECT NAME:		LESSOR:	
DEPARTMENT:		CONTRACTOR:	
SITE ADDRESS:]
DESCRIPTION OF CHANGES IN THE SCOPE	-		
OF WORK:			
JUSTIFICATION:			
Base Contract	\$		-
Total of all change orders to date	\$		-
Cost of current change order	\$		-
New total of all change orders	\$		-
Total Change Orders plus Base Contract	\$		-
NOTE: THE ESTIMATED CONSTR () DAYS.	UCTION TIME WHICH WILL BE	INCREASED OR DECREASED IS	
		include labor, material, and equipment; each item to include of the contract, where pertinent and not in conflict with the ab	
PERFORMING ENTITY (CONTRACTOR/ARC)	ITECT/ETC):	APPROVED BY LESSOR	
Bv ¹		Byz	
By: Print Name &		By:	
Print Name &		Print Name &	
Print Name & Title::		Print Name & Title:	
Print Name &		Print Name &	
Print Name & Title::		Print Name & Title:	
Print Name & Title:: Date:	□ Recommended	Print Name & Title: Date:	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER	□ Recommended	Print Name & Title: Date: Not Recommended	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By: PRINT NAME:	□ Recommended	Print Name & Title: Date: Not Recommended	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By:	□ Recommended	Print Name & Title: Date: Not Recommended	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By: PRINT NAME:	□ Recommended	Print Name & Title: Date: Not Recommended	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By: PRINT NAME: COMMENTS:	□ Recommended	Print Name & Title: Date: Not Recommended Date:	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By: PRINT NAME: COMMENTS: APPROVED BY TENANT DEPARTMENT	Recommended	Print Name & Title: Date: Not Recommended Date: APPROVED BY COUNTY CHIEF EXECUTIVE OFFICE By:	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By: PRINT NAME: COMMENTS: APPROVED BY TENANT DEPARTMENT (Adminstrative Deputy or Above)	□ Recommended	Print Name & Title: Date: Date: Date: Date: APPROVED BY COUNTY CHIEF EXECUTIVE OFFICE	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By: PRINT NAME: COMMENTS: APPROVED BY TENANT DEPARTMENT (Adminstrative Deputy or Above) By:	□ Recommended	Print Name & Title: Date: Date: Date: Date: By: Dean Aardema	
Print Name & Title:: Date: REVIEWED BY PROJECT MANAGER By: PRINT NAME: COMMENTS: APPROVED BY TENANT DEPARTMENT (Adminstrative Deputy or Above) By: PRINT NAME:	□ Recommended	Print Name & Title: Date: Date: Date: Date: By: Dean Aardema	