



Information

Corporation Name: _____ Date: _____
 Project Name: (If applicable) _____
 Contact Person: _____ Phone No.: _____ Fax No.: _____
 Balance of Capital Reserve: _____ As of: _____
 Priority of the replacement: Life Safety: Structural Integrity: Legislative Requirement: Policy & Directives _____
 Marketability:
 Building Functionality:
 Life Expectancy: Cost Effective Initiatives:
 Description of Item(s) to be Replaced or repaired: _____

Last time Replaced: _____ Date of Last Inspection: _____
 Description of Problem(s): _____

Estimate: (Please attach or fax copies of all Estimates/Quotes or Associated Contracts)

Has a HST #?

1 Contractor:	Bid Price:	HST:	Total:	HST #: <input type="checkbox"/>
2 Contractor:	Bid Price:	HST:	Total:	HST #: <input type="checkbox"/>
3 Contractor:	Bid Price:	HST:	Total:	HST #: <input type="checkbox"/>

Contractor Approved: _____
 Provide Reason(s) for choosing Contractor: _____

Corporation Internal Approval

Was Corporation Spending Policy followed? Yes: No:
 Approved by Board or Authorized Delegate: Yes: No:
 Name: _____ Position: _____ Date: _____

This section to be completed by the City of London Housing Division only

Recommendation: Approved: Disallowed: Approval Letter Sent:
 Comments: _____

Reviewed & Approved by Financial Officer

Name: _____ Signature: _____ Date: _____

Reviewed & Approved by Technical Officer

Name: _____ Signature: _____ Date: _____

Recommendation: Approved: Disallowed:
 Comments: _____

Approved by Director of Municipal Housing - (if required)

Name: _____ Signature: _____ Date: _____