

# Capital Project Request Form

18-0816  
failed



Request Type:

Department:  Date:

Title of Request:

Department Priority

*Mayor request*

Linked to another project?  
☐ Yes  
☒ No

Project Request is: ☐ New  
☒ Replacement  
☐ Modification

Estimated Useful Life:

This is a limited field, please attach documents for more detail.

Description:

Basis of Cost: ☒ Quote ☐ Bid ☐ Estimate  
Total Cost

Revenue (if any)  Net Cost

Will there be additional costs in future years to complete this project?

select one: ☐ Yes ☒ No  
If yes, amount?

Finance Dept: Account  Sent to Dept: ☐

Action:

CAWG to approve up to 54,296.<sup>00</sup>  
from Unbudgeted -

Ayl

Nail

SL

TMB

JH

DL

TV

CS