

Req #	Dept	Date	Dept Head Signature	Proposed Vendor	Amount \$
A Request For Waiver is required by the Town's Procurement Policies and Procedures. Check the box below that applies to the proposed purchase.					
Sole Source/Proprietary		<input type="checkbox"/>	Emergency Procurement	<input type="checkbox"/>	Waive Purchase Procedures

**CHECK JUSTIFICATION(S) BELOW THAT APPLY TO THE PROPOSED PURCHASE AND SUPPLY DOCUMENTATION/EXPLANATION AS REQUIRED**

- \_\_\_ 1. Commodity/Service is from the original manufacturer or provider. There are no other distributors. (Findings must be documented below or attached)
- \_\_\_ 2. The product is an integral part of existing equipment. Other brands not interchangeable. (State manufacturer and model number of existing equipment below.)
- \_\_\_ 3. Only known product that meets the specialized needs of the department to bring about continuity of results. (Explain in detail below or attached)
- \_\_\_ 4. Staff has had extensive training and/or experience with the product. Purchase of other than proposed product would incur substantial cost in re-training. (Explain in detail below or attached)
- \_\_\_ 5. Purchase of this item/service is of an urgent nature because it is essential to public health & safety. (Describe in detail below)
- \_\_\_ 6. Unable to obtain 3 or more quotes for item/service (Explain in detail below or attached)
- \_\_\_ 7. None of the above apply. (State justification below and explain in detail)

Explanation:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Purchasing Agent Town Attorney

Reviewed and Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Finance Director

Reviewed and Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Town Manager