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| moseal | STATE OF MISSOURIOFFICE OF ADMINISTRATIONDIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION**OFFSITE STORAGE OF MATERIALS** | PROJECT NUMBER |
| DATE      |
| PROJECT TITLE AND LOCATION      |
| **REQUEST BY:** |
| [ ] GENERAL CONTRACTOR | [ ] SUBCONTRACTOR |
| NAME      | NAME      |
| ADDRESS      | ADDRESS      |
|       |       |
| REPRESENTATIVE      | REPRESENTATIVE      |
| PHONE NUMBER   -   -     | FAX NUMBER   -   -     | PHONE NUMBER   -   -     | FAX NUMBER   -   -     |
| DESCRIPTION OF MATERIALS TO BE STORED OFFSITE      |
| LENGTH OF TIME THESE MATERIALS WILL REMAIN IN STORAGE     weeks | VALUE OF MATERIALS$      |
| LOCATION OF STORAGE FACILITY | DESCRIPTION OF STORAGE FACILITY |
| NAME      |       |
| ADDRESS      |
|       |
| REPRESENTATIVE      |
| PHONE NUMBER   -   -     |
| [ ]  | Copy of Certificate of Insurance for adequate protection from loss, theft, conversion, and damage in transit for materials in the storage facility showing the State of Missouri as an additional Insured for loss, is attached. |
| GENERAL CONTRACTOR (PRINTED NAME)      | SIGNATURE |
| **APPROVAL/DENIAL BY OWNER** |
| Storage Facility has been visually inspected on      . Recommend [ ] Approval or [ ] Denial of request.REASON:       |
| CONSTRUCTION REPRESENTATIVE (PRINTED NAME)      | SIGNATURE | DATE      |
| Request for Offsite Storage of these Materials at the Facility described is: [ ] Approved or [ ] DeniedREASON:       |
| SECTION LEADER (PRINTED NAME)      | SIGNATURE | DATE      |

*Revised* 06/16 ORIGINAL: FILE/Contractor Payments

 COPIES: Designer, General Contractor, Project Manager, Construction Representative