

# STATE PRESERVATION BOARD BUILDING CHANGE REQUEST

SPB Use Only

SPB File Number: \_\_\_\_\_ Work Order Number: \_\_\_\_\_

## 1. REQUEST

Agency: ☐ Governor ☐ Senate ☐ House ☐ SOS ☐ SAO ☐ TLC ☐ SAC  
☐ LBB ☐ SPB ☐ DPS ☐ LRL ☐ Sterling Bistro ☐ TEC ☐ DIR  
☐ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Date of Request Member Room Number or Location Telephone / Fax Number

\_\_\_\_\_  
Requested By Position or Title Email Address Attachments: ☐ Yes ☐ No

Briefly describe the requested change and the reason for the change.

## 2. Agency Approval

\_\_\_\_\_  
Patsy Spaw or Charlie Geren or Head of Agency (checked above)  
☐ Request Reviewed ☐ Request Denied Date: \_\_\_\_\_

\*\*\* After obtaining Agency Approval, send BCR to [SPB.Facilities@tspb.texas.gov](mailto:SPB.Facilities@tspb.texas.gov) for review.\*\*\*

## 3. REVIEW (To be completed by SPB)

\_\_\_\_\_  
Reviewer Signature ☐ Request Reviewed ☐ Request Reviewed with Modifications  
☐ Request Denied  
\_\_\_\_\_  
Date Modification: \_\_\_\_\_

## 4. ESTIMATE COST (To be completed by SPB)

\_\_\_\_\_  
Estimated Cost Estimate Provided By Date of Estimate

## 5. APPROVAL AND ACCEPTANCE OF COST (Required prior to start of requested work)

Agency: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

\_\_\_\_\_  
Member or Authorized Member's Staff or Authorized Agency Signature Date: \_\_\_\_\_

## 6. FINAL APPROVAL

\*REQUIRED SIGNATURE \_\_\_\_\_  
Bob Cash, SPB Director of Facilities Date \_\_\_\_\_