**NAME OF PROJECT**

**NAME OF BUILDING OR FACILITY**

**NAME OF INSTITUTION**

**NAME OF OWNER AGENCY**

**CITY OR COUNTY, WISCONSIN**

**TECHNICAL SPECIFICATIONS VOLUME 2 of #**

**SELECT ONE OF THE FOLLOWING: BID DOCUMENT, CONSTRUCTION DOCUMENT, RECORD DOCUMENT**

**NOTE: BOLD project numbers and capitalize any letters used in the project numbers** **THROUGHOUT THE ENTIRE DOCUMENT.**

Division Project No. **Insert Division Project Number**

Federal Project No. **Insert Federal Project Number \*\***

**DATE**

FOR

The STATE OF WISCONSIN

Department of Administration

Division of Facilities Development

State of Wisconsin Administration Building - 7th Floor

101 East Wilson Street - P.O. Box 7866

Madison, WISCONSIN 53707

**SEAL**

By

**A/E'S NAME, ADDRESS AND TELEPHONE NUMBER**

**LIST CONSULTANTS, IF ANY**

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