

TOWN OF WEST BOYLSTON

CAPITAL ITEM REQUEST FORM FOR FY 2007 OVER \$20,000

Department: _____

Original Date: _____

Contact Person: _____

Revised Date (if any): _____

Item Requested:

Ranking:

- _____ Replacement of Essential Item.
- _____ Required By Law.
- _____ Highly Necessary.
- _____ Economically Justified.
- _____ Miscellaneous.

Justification (Project & Inflation Assumptions):

Estimated Cost: _____ Useful Life: _____ Residual Value: _____

If you have more than one Capital item please provide the Committee with a priority list.

