



CONTRACTOR'S REQUEST FOR INFORMATION

ROICC CAMP LEJEUNE 980320-WOL-1

ATTENTION: _____

DATE: _____

CONTRACT NO. and TITLE: _____

RFI #: _____

CONTRACTOR: _____

PHONE: _____

CONTRACTOR'S REP: _____

FAX: _____

TYPE OF REQUEST: INFO ONLY NO COST ADDITIONAL COST CREDIT

NATURE OF REQUEST: ARCHIT ELECT MECH CIVIL STRUCTURAL ADMIN OTHER _____

ACTION REQUESTED: PRIORITY 1 (5 WORKING DAYS) PRIORITY 2 (10 DAYS) PRIORITY 3 (15 DAYS)

REFERENCE SPECIFICATION/ DRAWING: _____

DESCRIPTION OF RFI: _____

DATE RECEIVED BY AROICC: _____

FORWARDED TO: CONREP A/E DESIGNER PW DESIGNER

DATE: _____

REPLY: _____

REVIEWER'S RECOMMENDATION: INFO ONLY NO COST MODIFICATION TO FOLLOW

RECEIVED FROM REVIEWER

DATE: _____

FORWARDED TO CONTRACTOR

AROICC's SIGNATURE: _____

DATE: _____