01010-	B Request for Info	rmation No.: XX and Response	Kennedy/Jenks Consultants	
From:	Company Name	Page:	1 of 2	
	Mailing Address	Date:		
	City, ST Zip	K/J Job No.:		
	Name	Project Name:		
Request	for Information	·		
	Originator:	Draw	ring Reference:	
Requested Date of Response:				
submissi Work wit	on of this form the Contractor the appropriate subcontractor	not be considered without an accompanyir or represents it has carefully reviewed the ctors, reviewed the field conditions and he m such efforts as required by the Contract	Contract Documents, coordinated the reby certifies that the information	
The Con	tractor requests the following	g information in accordance with the requi	rements of the Contract Documents.	
Descript	tion of Requested Information	tion		
Delete o	r replace this text with your res	ponse. Space is limited; attach additional shee	ts if necessary.	
	tor's Proposed Method of	<u> </u>		
Delete o	r replace this text with your res	ponse. Space is limited; attach additional shee	ts if necessary.	
Contract	tor's Proposed Impact on	Proiect		
	· · · · · · · · · · · · · · · · · · ·	ncreased □decreased □unchanged by:		
		increased ☐decreased ☐unchanged by:		
Attachm				
Attacinii				
documer		fficient for Engineer to evaluate Request forms submitted without adequate documer		
	or's signature below signifie in this Request for Informati	s acceptance of responsibility for accuracy ion Form.	and completeness of information	
Autho	orized Signature:		Title:	
	Company:	ı	Date:	

Response Date: Specification Section: Drawing Reference: Response		K/J Job No.: Project Name:		
		Page:	2 of 2	
Contractor has not pro	posed a method of reso	the Contractor's proposed metholition, see remarks below. Modition the Contract Documents.	nod to resolve the issue. If the fication of costs, project schedule	
☐ No Exceptions Taken (NET)☐ Make Corrections Noted (MCN)☐ Amend and Resubmit (A&R)		☐ Rejected, Resubmit (RR) ☐ Returned Without Review (NR)		
Remarks				
If Contractor estimates days of receipt.	an impact on Project tir	me or price based upon Respons	se, submit Reply within 5 working	
Respondent:		Signature:		
Issued for Kenned	y/Jenks Consultants b	y:		
Contractor's Reply To	o Response:			
	·	☐decreased ☐unchanged by:		
		☐ decreased ☐ unchanged by:		
Comments Delete or replace this te	vt with your response. Spa	ace is limited; attach additional shee	ts if necessary	
Donote of replace and to	At will your rooponido. Ope	ace to minicol, alacin additional crice	to ii noccocai y.	
Distribution I	RFI Response F	Reply		
Owner Engineer Contractor				
File				

01010B Request for Information No.: XX and Response

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