

01010-D NOTICE OF INTENT OF CONTRACTOR CLAIM FORM

FROM:

COMPANY: _____ DATE: _____

ADDRESS: _____ K/J JOB NO.: _____

_____ PROJECT: _____

NAME: _____

PHONE: _____

Note: This form is not to be used in place of a Request for Information. This form is only to be used where there is a defined impact not subject to a response from the Owner or Engineer.

REASON FOR CLAIM (Attach additional sheets if necessary): _____

ADDITIONAL WORK REQUIRED (Attach additional sheets if necessary): _____

DATE ADDITIONAL WORK REQUIRED (5 days or more from date of this notice): _____

ESTIMATED COST IMPACT: _____

ESTIMATED SCHEDULE IMPACT: _____

APPROVERS REMARKS: _____

RECEIVED:

Construction Manager Date

Other:

James Kelly - City