

JOB TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
OWNER/ LOCATION: \_\_\_\_\_ CONTECH RFI NO: \_\_\_\_\_  
CONTECH JOB NO: \_\_\_\_\_ GEN/SUB RFI NO: \_\_\_\_\_  
GEN/SUB CONT. JOB NO: \_\_\_\_\_ EWO/AFE NO: \_\_\_\_\_

TO: \_\_\_\_\_ CONTRACT DOCUMENTS  
DRAWING NO. \_\_\_\_\_  
SPEC. SECTION \_\_\_\_\_  
ATTEN: \_\_\_\_\_ AREA OF WORK \_\_\_\_\_

DESCRIBE THE INFORMATION BEING REQUESTED (PLEASE BE EXPLICIT):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESPONSE CODE: (CIRCLE ONE) 1. CRITICAL NAME: \_\_\_\_\_  
2. IMPORTANT  
3. ROUTINE  
4. SCHEDULE IMPACT

RESPONSE REQUIRED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(DATE)

\_\_\_\_\_ NO COST CHANGE cc: \_\_\_\_\_  
\_\_\_\_\_ POTENTIAL COST CHANGE cc: \_\_\_\_\_

DESCRIBE THE RESPONSE TO THE INFORMATION REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EFFECT OF THIS RFI: NAME: \_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_ NO COST CHANGE  
\_\_\_\_\_ REVISIONS TO DRAWINGS FIRM: \_\_\_\_\_  
\_\_\_\_\_ REVISIONS TO SPECS.

cc: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
cc: \_\_\_\_\_ DATE: \_\_\_\_\_