

**RFI FORM**

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_/\_\_\_\_\_

Send to: maria.cruz-thompson@va.gov

<b>RFI (REQUEST FOR INFORMATION)</b>			
<b>PROJECT NO.:</b>	664-14-109	<b>RFI NO.:</b>	1
<b>PROJECT NAME:</b>	Fifth Floor East (5E) Remodel – Single Patient Room Conversion (Pod D Only)	<b>DATE REQUESTED:</b>	
<b>SOLICITATION NO.:</b>	VA262-17-B-0062	<b>REFERENCE:</b>	
<b>DRAWING:</b>		<b>SPECIFICATION SECTION:</b>	
<b>DESCRIPTION OF PROBLEM OR INFORMATION BEING REQUESTED</b>			
Please be specific as possible:			
<b>PROJECT MANAGER’S RESPONSE</b>			
<b>TRACKING NO.:</b>			<b>AMENDMENT NO.:</b>
<b>VA PROJECT ENGINEER/MANAGER:</b>			<b>DATE:</b>