

ANDERSON, ECKSTEIN AND WESTRICK

|         |  |                   |  |
|---------|--|-------------------|--|
| RFI NO: |  | DATE TRANSMITTED: |  |
|---------|--|-------------------|--|

**RESPONSE REQUESTED FROM:** ☐ Civil ☐ Struct. ☐ Arch. ☐ Mech. ☐ Elect. ☐ Other:

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|--|--|
| <b>BRIEF DESCRIPTION OF RFI</b> <u>[give details below]:</u> |  |
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|                      |                    |  |                    |  |                    |  |
|----------------------|--------------------|--|--------------------|--|--------------------|--|
| <b>PROVIDE</b>       | <u>Section No.</u> |  | <u>Section No.</u> |  | <u>Section No.</u> |  |
| <b>SPECIFICATION</b> | <u>Para. No.</u>   |  | <u>Para. No.</u>   |  | <u>Para. No.</u>   |  |
| <b>REFERENCES</b>    |                    |  |                    |  |                    |  |

**PROVIDE DRAWING REFERENCES:**

[Note: Request only one interpretation per RFI]

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Requested by:

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|-------|--|-------|--|
| NAME: |  | DATE: |  |
|-------|--|-------|--|

ATTACHMENTS: ☐ YES ☐ NO

After saving file, e-mail as attachment to e-mail.

**HCMA/AEW response:**

|                |  |
|----------------|--|
| Date Received: |  |
|----------------|--|

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|-----------|--|-------|--|
| NAME/AEW: |  | DATE: |  |
|-----------|--|-------|--|

ATTACHMENTS: ☐YES ☐NO

|   |   |                          |                          |                          |  |
|---|---|--------------------------|--------------------------|--------------------------|--|
| Date Transmitted:                           | Indicate the recipients and the means of transmittal below: |                          |                          |                          |  |
| Distributed to:                             | E-mail  | Fax                      | Hand                     | Mail                     |  |
| Cedroni Associates: R. Cedroni, B. Lundberg | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| HCMA: L. Martin, J. Rickle                  | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| AEW: Brett McDonald                         | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Other:                                      | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |