



SUBMITTAL RESPONSE FORM

GENERAL INFORMATION

Project Name:		Project No:
Contractor:		
Submittal No. & Description:		
Submittal Status:	No. of Previous Submittals:	Date of Submittal or Resubmittal:
<input type="checkbox"/> New <input type="checkbox"/> Resubmittal		

RECOMMENDATION

Response to the referenced submittal:

No Exceptions Taken Make Corrections Noted
 Revise & Resubmit Rejected

AUTHORIZATION

Reviewer Signature:	Title:	Date:
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COMMENTS

*****USE NEXT PAGE FOR ADDITIONAL COMMENTS IF NECESSARY*****

COMMENTS (CONT'D)