U.S. DEPARTMENT OF VETERANS AFFAIRS

REQUEST FOR INFORMATION			
Date Submitted:	RFI	# of	
Reference/Subject:	Spec. Section No. / Title		
Page / Art. / Para.	Drawing No.:	Plan/Detail	/Schedule:
Request (Explain your request in detail here):			
Submitted by (Company Name):		_ (Person's Name):	
VAMHCS Response:			
Date Received by VAMHCS:	Response by:		_ Date:
Attachments:			
A/E Firm Response:			
A/E Firm Response Date:			