

## REQUEST FOR INFORMATION

140 Park Avenue   ☐   New City, New York 10956   ☐   Tel 845-708-9200   ☐   Fax 845-708-9222   ☐   E-mail info@shilale.com

Send all RFI's in writing to Michael Shilale Architects, LLP at the above address/fax number. **Only this form will be accepted, and no questions will be entertained via telephone. By submitting this Request for Information, the Contractor is stating that they have performed a thorough review of the drawings and specifications and the information requested is not contained in the construction documents.**

<b>Project:</b>	© Michael Shilale Architects, LLP	<b>RFI No.</b> <input type="checkbox"/>
<b>MSA File No.:</b>		
<b>NYSED No.:</b>		
<b>Contractor:</b>		
<b>Contract for:</b>	Hazardous Materials Abatement <input type="checkbox"/> Demolition <input type="checkbox"/> Site Construction <input type="checkbox"/> General Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other <input type="checkbox"/>	

<b>Specification Reference:</b>	<b>Drawing Reference:</b>
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<b>Description, complete with backup information as needed to fully convey the issue:</b>	<input type="checkbox"/> Sketch/Information Attached
<b>Contractor's Proposed Solution:</b>	<input type="checkbox"/> Sketch/Information Attached

<b>Impact on Cost:</b>	<b>Impact on Schedule:</b>
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<b>Trades/Specialty Contractors Affected:</b>
<b>Trades/Specialty Contractors Coordinated With:</b>

<b>Submitted By:</b>	<b>Requested Date of Response:</b>
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<b>Architect/Engineer's Response:</b>	<input type="checkbox"/> ID No. _____ <input type="checkbox"/> Attached <input type="checkbox"/> Sketch/Information Attached
<b>By:</b> _____	<b>Date:</b> _____