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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NAME** (*contractor*) | | | **Prime Contractor**  **Subcontractor** | **CID** | | **ADDRESS** (*street*) | | | | **PHONE** | | **CITY** | | | **STATE** | **ZIP** | | **PROJECT ID #** | **DATE** (*completion*) | | **WORK** (*type*) | **COST** | | An appeal **must be submitted** to the Chief District Engineer **within 10 days** after receiving the report. | | | | | | **Explain Basis for Appeal.** | | | | | | **SIGNATURE** | | **DATE** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **NAME** (*contractor*) | | **Prime Contractor**  **Subcontractor** | **CID** | | An appeal **must be submitted** to the Chief District Engineer **within 10 days** after receiving the report. | | | | | **Explain Basis for Appeal.** (*continued*) | | | | | **SIGNATURE** | **DATE** | | | |