

**FORM AOR**  
**ACKNOWLEDGMENT OF RECEIPT OF**  
**RFQ, ADDENDA AND RESPONSES TO QUESTIONS**

<b>NAME OF DBT</b>

We hereby acknowledge receipt of the Jefferson/Oldham Counties RFQ dated \_\_\_\_\_ and subsequent responses to questions and Addenda issued by KYTC, as listed below. Add additional lines in tables below, if needed.

Addendum number:	Date issued by Agencies:

Responses to questions number:	Date issued by Agencies:

SIGNED	
DATE	
NAME	
TITLE	