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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** |

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| **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** |

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