



KENTUCKY TRANSPORTATION CABINET
Department of Highways
DIVISION OF CONSTRUCTION PROCUREMENT

TC 63-75
Rev. 07/2016
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APPEAL FORM—CONTRACTOR PERFORMANCE EVALUATION

NAME (<i>contractor</i>)		Prime Contractor <input type="checkbox"/>	CID
		Subcontractor <input type="checkbox"/>	
ADDRESS (<i>street</i>)			PHONE
CITY		STATE	ZIP
PROJECT ID #	DATE (<i>completion</i>)	WORK (<i>type</i>)	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

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Explain Basis for Appeal. (*continued*)

SIGNATURE

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