

REQUEST FOR COPIES OF MDAD CONSTRUCTION-RELATED RECORDS
(During non-bid phases)

This form must be filled out and taken to the appropriate managing MDAD Division or Project Manager for processing and approval.

Requestor:

MDAD employee (print name): _____

Requesting Division: _____

MDAD employee (signature) _____

Consultant/Engineer/Architect (print name): _____

Company name: _____

Address: _____

Consultant/Engineer/Architect (signature) _____

Copies of records requested (list individually): _____

Justification: _____

Authorized by: _____ (sign) _____
MDAD Managing Division or Project Manager