

LPA NOTICE OF CLAIM FORM

This form is required to be submitted as per Subsection 105.17 - Claims for Adjustments and Disputes to file a notice of claim for additional compensation and/or time.

Project Number: _____
County: _____
Route & Termini: _____
Date Claim was Submitted: _____

Claim Number: _____
Type of Claim: _____
Date and Time (AM, PM) of Event: _____
Location of Event: _____
Specific Subsection(s) of Contract Addressing Event: _____

Description of Event: _____

Describe How the Event Impacted the Project (current & future): _____

Describe Requested Compensation: _____

Attach any additional sheets as necessary to complete the form and attach auditable documentation for additional compensation requests.

I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment by law. I further certify that I have made a good faith effort to disclose the full nature and extent of this claim.

COMPANY

NAME

POSITION

SIGNATURE OF CLAIMANT'S AUTHORIZED REPRESENTATIVE

Instructions: Each claim submitted on a project should be sequentially numbered.