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| **DAS Construction Services Transmittal Letter** | | | | | | | | | | | | | | | | | | | | | |
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| **To:** | | | | | | | | | | | | | **From DAS Construction Services:** | | | | | | | | |
|  | | | | | | | | | | | | | Name: | | | |  | | | | |
|  | | | | | | | | | | | | | Title: | | | |  | | | | |
|  | | | | | | | | | | | | | State of Connecticut | | | | | | | | |
|  | | | | | | | | | | | | | Department of Administrative Services (DAS) | | | | | | | | |
|  | | | | | | | | | | | | | Unit Name: | | | |  | | | | |
|  | | | | | | | | | | | | | Suite No.: | | | |  | | | | |
|  | | | | | | | | | | | | | 450 Columbus Boulevard | | | | | | | | |
|  | | | | | | | | | | | | | Hartford, Connecticut 06103 | | | | | | | | |
| **Date:** | | | |  | | | | | | | | | **Phone:** | | | |  | | | | |
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| **Project Information:** | | | | | | | | | | | | | | | | | | | | | |
| Project Number: | | | | | |  | | | | | | | | | | | | | | | |
| Project Title: | | | | | |  | | | | | | | | | | | | | | | |
| Project Location: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **You are being sent the following:** | | | | | | | | | | | | | | | | | | | | |
| Attached | | | | | | | Under separate cover via: | | | | | |  | | | | | | | |
| Drawings | | | | | | | | | | Change Order | | | | | | | Other:- | | | |
| Specifications | | | | | | | | | | Modification Requests | | | | | | |
| Review Comments & Recommendations | | | | | | | | | | Report | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Item No.** | | | No. of Copies | | | Date | | | Description | | | | | | | | | | Action Code\* | |
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| **\*Action Code:** | | | | | | | | | | | | | | | | | | | | |
|  | **None** | | | No Action Required. | | | | | | | | | | | | | | | | |
| **(A)** | | | See instructions on item transmitted. | | | | | | | | | | | | | | | | |
| **(B)** | | | For signature only. Once signed, please return to the person noted above. | | | | | | | | | | | | | | | | |
| **(C)** | | | For signature and forwarding as noted below under REMARKS. | | | | | | | | | | | | | | | | |
| **(D)** | | | Action required as noted below under REMARKS. | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | |
| **These Item(s) are transmitted as checked below:** | | | | | | | | | | | | | | | | | | | | |
| For Your Approval | | | | | | | | As Requested | | | | | | | | | | Acknowledge receipt of enclosures | | |
| For Your Records | | | | | | | | For Review & Comment | | | | | | | | | | Return enclosures to us | | |
| For Your Information | | | | | | | | For Distribution to Parties | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Remarks:** | | | | | | | | | | | | | | | | | | | | |
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| **Copies To:** | | | | | | | | **(with enclosures)** | | | |  | | |  | | | | | | |
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