



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION



Landscape Design Unit Submittal
SUPPLEMENTAL LANDSCAPE ITEM

Project Number: _____ Date: _____

Project Name: _____

General Contractor: _____

Landscape Contractor: _____

Submitter Name: _____

Submitter Email: _____

Submitter Phone Number: _____

I, _____ representative of _____ hereby
certify that the information submitted herein for review conforms to all aspects of the Contract.

Supplemental Item Information:

Item Number: _____

Item Name: _____

Item Quantity: _____

Department Response

	Comments:
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