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| **Contractor Notice of Apparent Delay(CF-1)** | | | | |
|  | | | | |
| *Contract No:* | *Contract Name:* | *Contract Location:* | | *District:* |
|  |  |  | | Select District |
|  |  |  | |  |
| *Name of Contractor:* | | *Name of Contractor Authorized Representative:* | | |
|  | |  | | |
|  |  |  | |  |
| *To: Name of MassDOT Auth. Representative:* | | | | |
| Choose Name | | | | |
|  |  |  | |  |
| *Subject:* **Notice of Delay** | | *Date:* | Click here to enter a date. | |
| *We are providing this notice in accordance with the requirements of Standard Specifications Subsections (8.14 Utility Coordination) and 8.02 (Schedule of Operations).*  *(Required attachment: Contract Progress Schedule)* | | | | |
| ***Description of Delay:*** | | | | |
|  | | | | |
| *CC: Impacted Utilities (if applicable)* | | | | |
| *Utility* | | *Contact Name* | | |
| Choose an item. | |  | | |
| Choose an item. | |  | | |
| Choose an item. | |  | | |
| *We will continue to coordinate and develop information on the full extent of the delay, its impacts to our operations and those of other utilities, and ways to mitigate the impacts.* ***Within 7 days of the receipt of this form****, we will submit updated documentation reflecting our utility coordination and a revised Contract Progress Schedule (for review and approval) that identifies the extent of any critical path delay and/or steps that have been taken to mitigate delays.* | | | | |
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| *Contractor/Authorized Representative Signature* | | *Date* | | |