



# CONTRACTOR NOTICE OF INTENT TO CLAIM

Date: \_\_\_\_\_ (mm/dd/yyyy)

Subject: **Notice of Intent to Claim**

To: **The Pennsylvania Department of Transportation, Contracting Officer, District: \_\_\_\_\_ - 0**

Contractor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

## Project Information

Contract Number: \_\_\_\_\_

County: \_\_\_\_\_

State Route: \_\_\_\_\_

Section Number: \_\_\_\_\_

Sub-Contractor (if applicable): \_\_\_\_\_

Description:

Total Dollar Amount: \_\_\_\_\_

Remarks: