Submittal Request Forms
**Contractor Submittal Request Form**

**Project:** Litchfield International - Hangerlok  
**A/E Project Number:**  
**Submittal No.:**  
**Resubmission:**

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### TRANSMITTAL A

**To (Contractor):**  
**Date:**  
**From (Subcontractor):**  
**By:**

<table>
<thead>
<tr>
<th>Qty.</th>
<th>Reference / Number</th>
<th>Title / Description / Manufacturer</th>
<th>Spec. Section Title and Paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hangerlok</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Submitted for review and approval
- [ ] Resubmitted for review and approval
- [ ] Complies with contract requirements
- [ ] Will be available to meet construction schedule
- [ ] A/E review time included in construction schedule

**Other remarks on above submission:**

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### TRANSMITTAL B

**To (A/E):**  
**Date:**  
**From (Contractor):**  
**By:**  
**Date Rec'd by Contractor:**  
**Date Transmt'd by Contractor:**

- [ ] Approved
- [ ] Approved as noted
- [ ] Revise / Resubmit
- [ ] Rejected / Resubmit

**Other remarks on above submission:**

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### TRANSMITTAL C

**To (Contractor):**  
**Attn:**  
**Date:**  
**From (A/E):**  
**By:**  
**Date Rec'd by A/E:**  
**Date Transmt'd by A/E**

- [ ] Approved
- [ ] Approved as noted
- [ ] No action required
- [ ] Revise / Resubmit
- [ ] Rejected / Resubmit
- [ ] Approved as noted / Resubmit
- [ ] Not subject to review
- [ ] Provide file copy with corrections identified
- [ ] Sepia copies only returned
- [ ] Point-by-point comparative data required to complete approval process
- [ ] Submission Incomplete / Resubmit

**Other remarks on above submission:**
Enter the Project’s Name and Address Information Below

Date: ______________________

Project Name: ____________________________
Project Address 1: __________________________
Project Address 2: __________________________
City: __________________ State: __________ Zip: __________

This information will be used to calculate radius mileage to site.

Enter the contact for whom the submittal will be addressed

Recipients Name: ____________________________
Company Name: ____________________________
Address 1: ____________________________
Address 2: ____________________________
City: __________________ State: __________ Zip: __________
Phone: __________________ Fax: __________________
E-Mail: __________________

Please “check” at least one below so we may send the submittal to you and anyone you need copied

Submittal Method: E-Mail: ________ Fax: ________ Copy: ________

Enter the Telling customer or contractor’s information (If different from above)

Contact’s Name: ____________________________
Company Name: ____________________________
Address 1: ____________________________
Address 2: ____________________________
City: __________________ State: __________ Zip: __________
Phone: __________________ Fax: __________________
E-Mail: __________________

Enter the Architects name, contact and address information (if you would like them referenced in the submittal)

Contact’s Name: ____________________________
Architect’s Name: ____________________________
Address 1: ____________________________
Address 2: ____________________________
City: __________________ State: __________ Zip: __________
Phone: __________________ Fax: __________________
E-Mail: __________________

Enter any additional information you would like included in the Submittal in the box below.

Click “Request Now” to submit request by E-mail, or please click to “Print” and then Fax to: 860.567.4158