## **DOTDFORM. 4**

## **Transmittal of Plan Revision Sheets to General Files**

	1	Date		
Project Number:				
Project Name:				
To: General Files				
From:				
	Name	Section		
Please distribute reproduc	ctions in accordance with pag	ge 2 of this Form.		
Sheet Numbers of Title She	eet and Revised Sheets:			
Sheet Numbers Returned b	out not Modified:			
Total Number of Sheets Transmitted:				
÷				
Attachments				
C:				
Received in General Files by:				
	Name	Signature	Date	

## Please distribute complete sets of Title Sheet and Revised Plan Sheets as follows:

22 x 34 (Full Scale) - Stapled		
(	) Set(s)	District Administrator:
(	) Set(s)	DOTD Project Engineer:
(	) Set(s)	District Utility Representative:
(	) Set(s)	District Lab Engineer:
(	) Set(s)	Construction Section:
(	) Set(s)	Contracting Agency:
		Address:
(	) Set(s)	Parish Government:
		Address:

11 x 17 (Half Scale) - Stapled		
(	) Set(s)	DOTD Project Manager:
(	) Set(s)	Bridge Design Section:
(	) Set(s)	Road Design Section:
(	) Set(s)	Pavement & Geotechnical:
(	) Set(s)	Prime Design Consultant:
		Address:
(	) Set(s)	Construction Contract Services:
(	) Set(s)	Federal Aid Unit:
		(For Federal Oversight Plans only)