Date

Reviewer Phone Number

State Project No. H.XXXXXX

Project Name XXXX

Route XXX

Parish XXXX

Contractor

Address

City, State Zip Code

Attn: XXXXXX

Subject: **Submittal for Review - Returned for Correction**

We have reviewed the (submittal description) submitted for review on (date submitted), and are returning only the portion(s) requiring correction at this time for further processing.

The attached table shows the sheets requiring correction.

Please address corrections needed and resubmit electronically for review. Indicate changes made since previous submittal in accordance with the Standard Specifications.

XXX:xxx

Attachments

Cc: DOTD Project Engineer

 DOTD Structural Fabrication Engineer

 DOTD Bridge Task Manager (for consultant projects only)

Sincerely,

 Reviewer Name, P.E.

 Bridge Design Section or Consultant

**Sheets Requiring Correction**

|  |  |  |
| --- | --- | --- |
| **Sheet No.** | **Revision** | **Description** |
| Xxxxxx | x | Xxxxxx |
| Xxxxxx | x | Xxxxxx |
| Xxxxxx | x | Xxxxxx |
| Xxxxxx | x | Xxxxxx |
| Xxxxxx | x | Xxxxxx |
| Xxxxxx | x | Xxxxxx |
| Xxxxxx | x | Xxxxxx |
| Xxxxxx | x | Xxxxxx |