

# MSFC FACILITIES SERVICES OFFICE DESIGN CHANGE REQUEST

Contract Title: _____	DCR Number: _____	Page ___ of ___
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Contractor: _____	Contract Number: _____	Date: _____
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Drawing Number: _____	Spec. Number: _____	Initiator/Title: _____	Date Needed By: _____
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Problem Description:

Suggested Solution:

<b>Contractor Not to Exceed Cost Proposal:</b> Cost: _____ Date: _____ Schedule (Days): _____ Signature (Company Rep.): _____	<b>Government Evaluation:</b> Cost: _____ Date: _____ Schedule (Days): _____ Signature (Evaluator): _____
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MSFC Engineering Disposition:

Cause of Problem:     Design Omission/Conflict     Unforeseen Site Condition     Other

CONCURRENCE/APPROVAL - MSFC	Date	CONSTRUCTION COMPLETION	Date
COTR:		Superintendent:	
DCN#:		CMI Concurrence:	
Contracting Officer:		<b>DRAWINGS REDLINED</b>	Date
		Superintendent:	
		CMI Concurrence:	