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| --- | --- | --- |
|  | **CLAIM FORM NUMBER**: | Click here to enter text. |
|  | **DATE**: | Click here to enter a date. |
|  |  |  |
| **PROJECT NAME:** Click here to enter text. | **UR PROJECT NO.:** | Click here to enter text. |
| **CONSULTANT’S PROJECT NO.:** | Click here to enter text. |
| **Location**: Click here to enter text. |  |  |
|  |  |  |
| **FROM:** |  |  |
| **Contractor:** Click here to enter text. | **CONTRACT FOR**:  | Click here to enter text. |
|  |  |  |
| **Address**: Click here to enter text. |  |  |
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|  |
| **The Request is for:** |  |
| [ ]  1. An extension in contract time: Number of days Click here to enter text. : |
| [ ]  2. Additional compensation: Amount $Click here to enter text.  |
|  |
| 1. The contract time is extended due to:
 |
|  [ ]  Unforeseen circumstances and conditions |
|  [ ]  Changes in scope proposed by Consultant or Owner |  |
|  [ ]  Suspension of work |  |
|  Description: [attach appendix if needed] |  |
| Click here to enter text. |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Additional compensation due to:
 |  |  |
|  [ ]  Unforeseen circumstances and conditions. |  |
|  [ ]  Alterations of plans or details of construction/changes in scope. |
|  [ ]  Suspension of work |  |
|  Description: [attach appendix if needed] |
| Click here to enter text. |
|  |  |  |
|  |  |  |
|  |  |  |
| **Contractor’s Certification** |
| **I hereby certify that the information contained herein is true and accurate.** |
| **Contractor Signature:** |  | **Title:** | Click here to enter text. |
| **Print Name:** | Click here to enter text. | **Date:** | Click here to enter a date. |
|  |  |  |