

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
NOTICE OF POTENTIAL CLAIM
CEM-6201 (REV 3/2001)

FOR STATE USE ONLY	
Received by _____ (For resident engineer)	Date _____

TO Doug Coe (resident engineer)	CONTRACT NUMBER 04-012024	DATE January 2, 2008
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This is a Notice of Potential Claim for additional compensation under the provisions of Section 9-1.04 of the Standard Specifications. The act of the engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on

DATE **December 17, 2007**

The particular circumstances of this potential claim are described in detail as follows:

This potential claim is submitted for the additional shimming directed by Caltrans at each Hinge restraint.

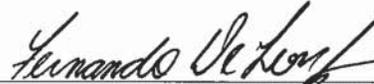
The reasons for which I believe additional compensation may be due are:

The added work as directed by Caltrans.

The nature of the costs involved and the amount of the potential claim are described as follows:
(If accurate cost figures are not available, provide an estimate, or describe the types of expenses involved.)

The total amount not expected to exceed \$250,000. Direct costs include labor, equipment, small tools/supplies, and permanent materials. Indirect costs include delay to project completion and additional required supervision.

The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements are made in full cognizance of the California False Claims Act, Government Code sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered unless resolved, must be restated as a claim in response to the states proposed final estimate in accordance with Section 9-1.07B of the Standard Specifications.


SUBCONTRACTOR of CONTRACTOR **KFM**
(Circle one)

(Authorized Representative)

For subcontractor notice of potential claim

This notice of potential claim is acknowledged and forwarded by

PRIME CONTRACTOR

(Authorized Representative)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CEM6201

