



County of Los Angeles
Department of Public Works
Design-Build Services

Request For Information

Subject: _____

Project: Multi-Service Ambulatory Care Center (MACC)

Address: High Desert Health System
Lancaster, California.

To:

Date:

Job:

Required:

Est. Cost Impact: \$

Est. Days Impact:

From:

Reference:

RFI Type:

Schedule Impact:

RFI Priority:

Document Reference:

Request:

Suggestion:

Answer ☐ **Accept Suggestion**

Answered By:

Signed: _____

Date:
