#

**STATE OF TENNESSEE**

**DEPARTMENT OF TRANSPORTATION**

«Your\_Office\_Street\_Address»

«Your\_Office\_City\_State\_and\_Zip\_Code»

|  |  |  |
| --- | --- | --- |
| **JOSEPH GALBATO, III** |  |  **BILL LEE** |
|  INTERIM COMMISSIONER |  |  GOVERNOR |

Click here to enter a date.

Recipient's Name

Contractor Firm

Contractor Address

 Contract:

 Project No.:

 Reference No.:

 County:

On Click here to enter a date., we received a Critical Path Method (CPM) schedule. The project schedule is being rejected due to the following:

* list required information which is missing

If you have any questions or concerns, please contact       at (XXX) XXX-XXXX or myself.

Sincerely,

Title

TDOT Operations Division