***REVIEW COMMENTS & RESPONSES***

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| **County CIP #:** |       |  | **Project Description:** |       |  |
| **Consultant:** |       |  | **County PM:** |       |  |
| **Consultant PM:** |       |  |  **Submittal Phase:** |       |  |
| **Phone Number:** |       |  | **Reviewer:** |       | **Review Date:** | Date |  |
| **Document:** |       |  | **Organization** |       |  |
| **Submittal Date:** | Date |  | **Discipline:** |       |  |
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| **Review Notes** |
|       |

|  | **For Hillsborough County use only** |
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| **Page / Sht. #** | **Cmnt. No.** | **COMMENT** | **RESPONSE** | **ACCEPTED****YES / NO** | **RESOLVED****DATE** |
|       | **1** |       | EOR:      OBJ:      **EOR:**      **RES:**       |  | Date |
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