

City of Overland Park Traffic Control Equipment Contractor Project Submittal Form

Project Name: _____

Submitted By (Sub Contractor): _____

Submittal For (Prime Contractor): _____

Submittal Date: _____ **City Review By:** _____

Item Description	Manufacturer	Catalog Number	Comments	Approval Status
				<input type="checkbox"/> Reviewed <input type="checkbox"/> Exceptions Noted <input type="checkbox"/> Rejected
				<input type="checkbox"/> Reviewed <input type="checkbox"/> Exceptions Noted <input type="checkbox"/> Rejected
				<input type="checkbox"/> Reviewed <input type="checkbox"/> Exceptions Noted <input type="checkbox"/> Rejected
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				<input type="checkbox"/> Reviewed <input type="checkbox"/> Exceptions Noted <input type="checkbox"/> Rejected

**City of Overland Park Traffic Control Equipment
 Contractor Project Submittal Form (Continued)**

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