

MISSISSIPPI DEPARTMENT OF TRANSPORTATION

Request for CADD Files

To: Mississippi DOT
Roadway Design Division (83-01)
Attn: IT/CADD Engineer
P.O. Box 1850
Jackson, Ms. 39215-1850
Fax: 601-359-7063

From: Name _____
Title _____
Company _____
Address _____
Phone _____
Fax _____
Email _____

I am requesting files on the following project:

Project FMS# _____
Route _____
County _____
Termini _____

Reason files are needed:

Description of Files needed:

I acknowledge that the printed contract plans are the legal documents for the above mentioned project and that any files furnished to me related to this project by the MDOT are provided for convenience only, are subject to change at any time, and that any use of these files by me (or my employer) is at my own risk. I also acknowledge that MDOT, nor any consultants who have worked for MDOT on the above mentioned project, is not responsible for any problems which result from using the files provided.

Signature _____

Date _____