

Date Received: _____

Received By: _____

Official Use Only

Virginia Department of Labor and Industry
Appeal for Clarification of Wage Determination

Project _____

Location (City/County) _____

Contracting Agency _____

Contact Information
(Email and Phone) _____

Classification in Question	Proposed Rate (Wages and Fringe)	Reason for Appeal

Please submit this form to PrevailingWage@doli.virginia.gov along with any supporting documents you may have.

I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate:

Print Name

Sign Name

Date