# Appeal for Clarification of Wage Determination

**Project Name**

__________________________________________

**DOLI Project Number**

__________________________________________

**Location (City/County)**

__________________________________________

**Contracting Agency**

__________________________________________

**Contact Information**

__________________________________________

(Email and Phone)

__________________________________________

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<tr>
<th>Classification in Question</th>
<th>Proposed Rate (Wages and Fringe)</th>
<th>Reason for Appeal</th>
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Please submit this form to [PrevailingWage@doli.virginia.gov](mailto: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