

**LEGAL SUFFICIENCY REVIEW ACTION**TO:  
COUNSEL**SECTION I - REQUEST FOR LEGAL REVIEW**

TYPE	If Other, Explain	CONTRACTOR'S NAME.	
SOLICITATION/CONTRACT NO.	NAME OF CONTRACT SPECIALIST	PHONE NO. 215-737-	
NAME OF REQUESTER	SIGNATURE		DATE
TITLE			

**SECTION II - LEGAL REVIEW RESULTS**

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NAME OF ATTORNEY	SIGNATURE	DATE
TITLE		