

ATTACHMENT C - RFQ 483010/ME                      REQUEST FOR INFORMATION – RFI Form

**DATE:**

**PROJECT NAME:** Request for Qualifications for  
**MD Anderson Cancer Center Mid-Campus Parking Facility (CPM No.: 09-2026)**

**RFI's must be received by: 4:00 PM, Local Time October 29, 2008.**  
**RFI's received after this will NOT be answered.**

**FROM:**

\_\_\_\_\_  
(Company Name)

**TO:**

The University of Texas M. D. Anderson Cancer Center  
Department of Capital Planning & Management  
6900 Fannin, Suite 10.1010  
Houston, Texas 77030  
**Fax: 713-792-4279**

***Attention: Mary Mueller, Sourcing Specialist***

Dear Ms. Mueller,

We have reviewed the Request for Qualification documents for the above referenced project and require the following information in order to adequately prepare a Qualification Submittal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted:

(Requestor Name, Firm Name, and Telephone Number / please print)