PROJECT TEAM FORM

Submittal Date:	
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The Project Team Form is to be submitted with each stage of review. If no changes to the Project Team have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

ATTORNEY	This entity should be copied on all project correspondence	YES	NO
Name:			
Name of Primary Contact (i	f attorney is an organization):		
Address:			
Phone:	Email:		
ENGINEER	This entity should be copied on all project correspondence	YES	NO
Name:			
Name of Primary Contact (i	f engineer is an organization):		
Address:			
Phone:	Email:		
SURVEYOR	This entity should be copied on all project correspondence	YES	NO
Name:			
Name of Primary Contact (i	f surveyor is an organization):		
Address:			
Phone:	Email:		
LANDSCAPE ARCHITECT	This entity should be copied on all project correspondence	YES	NO
Name:			
Name of Primary Contact (i	f landscape architect is an organization):		
Address:			
Phone:	Email:		
ARCHITECT	This entity should be copied on all project correspondence	YES	NO
Name:			
Name of Primary Contact (i	f architect is an organization):		
Address:			
Phone:	Email:		
OTHER	This entity should be copied on all project correspondence	YES	NO
Name:			
Role on Project:			
Name of Primary Contact (i	f entity is an organization):		
Address:			
Phone:	Email:		