

# PROJECT TEAM FORM

Submittal Date: \_\_\_\_\_

*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 (if attorney is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ENGINEER** *This entity should be copied on all project correspondence* **YES** **NO**

Name: \_\_\_\_\_

Name of Primary Contact (if engineer is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SURVEYOR** *This entity should be copied on all project correspondence* **YES** **NO**

Name: \_\_\_\_\_

Name of Primary Contact (if 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 (if 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 (if 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 (if entity is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_