CASE WESTERN RESERVE UNIVERSITY

Drawing Request Form

Requester Information:

Date:
Company:
Address:
City, State, Zip:
Phone:
Contact Name:

Reason for Request:

Building (s) involved in project:

Floors Desired:

Desired Discipline (if available):

- ☐ Mechanical
- ☐ Electrical
- ☐ Plumbing
- ☐ Structural
- ☐ Civil
- ☐ Architectural
- ☐ Fire Protection
- ☐ Other (See Below)

Details concerning desired discipline or other additional notes:

*** Please complete the following if requested prints are from a past project**

Drawing Date:
Project / Job / CIP #:
Project Description:

Project Title:

Architectural Firm(s):
Building(s) involved in project:
Additional Notes / Comments:

Send all completed forms to: **PDCDept@case.edu**

Planning & Design
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https://case.edu/facilities/