

Drawing Request Form

Date: _____

Requestor Information:

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 Title:

Project / Job / CIP #

Project Description:

Architectural Firm(s):

Building(s) involved in project:

Additional Notes / Comments:

Send all completed forms to: PDCDept@case.edu