



Client/ Project Information Sheet

The Client: _____
Client Name: _____ Client Title: _____
Company Name: _____
Company Address: _____
Company Telephone: _____ Company Fax: _____
Email: _____ Website: _____

Type of Project

Design Only _____ Construction Only _____
Design-Build _____

Design Services Required

Architectural _____ Civil _____
Structural _____ MEP _____
Full Service _____ Master Planning _____

Job Role

Prime Contractor _____ Sub-Contractor _____

Project Description

Please provide a general description of the project: _____

Budget: _____
Anticipated Completion Date: _____ Actual Completion Date: _____

Sub Consultants identified for project completion: _____

Initials/Date of person completing this form: _____

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