

## **CAD KICKOFF MEETING REQUEST FORM**

Submit form to: [DesignQuality@portseattle.org](mailto:DesignQuality@portseattle.org)

*\*All fields in each section are required. Incomplete forms will be returned to requester\**

### **PORT PROJECT INFORMATION**

*This information is required and necessary for project record documentation and time coding.*

Project Title:

Work Project (WP) #:

Port Tracking (PTN) #:

Port Project Manager:

E-Mail:

### **PREFERRED MEETING DATES & TIMES**

*\*Please plan for a minimum of 1 week out from date of request\**

Date/Time #1:

Date/Time #2:

Date/Time #3:

Date/Time #4:

Date/Time #5:

### **ATTENDEES NAMES & E-MAIL**

*At a minimum, CAD/Design teams & CAD managers (internal & external) should attend. The Port PM or a representative should attend for awareness of protocol & concepts to ensure understanding of submittal and compliance review requirements. (Enter names/e-mails in box below)*

### **DESIGN QUALITY TEAM USE ONLY**

*Schedule meeting with project team. File this form and response in the EDMS project record.*

Name:

Date Scheduled:

Comments: