

Project Working Drawings Release Form

Project Name:	× ×
Project Code:	
A/E Firm:	
A/E Contact:	
DEB/BCOM Reviewer:	
FP&C Project Manager:	*
Signature:	Date:
Facilities Management Reviewer:	
Signature:	
Executive Director of Facilities and Construction:	
Signature:	Date:
Director of Engineering and Construction:	
Signature:	
Telecommunications Reviewer:	E
Signature:	
Public Safety Reviewer:	
Signature:	
Program Office/Department:	Real and The
Signature:	Date:

Return to Facilities Planning and Construction Project Manager