

PROJECT TRACKING (PTN) # REQUEST FORM

Submit form to: DesignQuality@portseattle.org

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

DO NOT USE the issued number for any other projects

Please allow 48 hours for processing.

PORT PROJECT INFORMATION

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

Project Title:	
Division (Airport/Seaport):	
Project Type (Select One):	
Delivery Method (Select One):	
Work Project (WP) #:	
Master Contract (MC) #:	
Port Project Manager (Last, First):	
Port Engineer (Last, First):	
Consultant(s):	
Estimated Date of Construction:	

PROJECT DESCRIPTION.

Please provide a brief description of scope/intent of project.

--

DESIGN QUALITY TEAM USE ONLY

Complete the below and file this form and response correspondence in the EDMS project record.

Name:	
Assigned PTN#:	
Date Issued:	
Comments:	