



**Town of Gloucester, RI
Project Team Form**

This application form must be submitted for all projects with each stage of review.

ATTORNEY *This entity should be copied on all project correspondence* Yes No

Name: _____

Name of Primary Contact (if attorney is an organization): _____

Address: _____

Phone: _____ E-mail: _____

ENGINEER *This entity should be copied on all project correspondence* Yes No

Name: _____

Name of Primary Contact (if engineer is an organization): _____

Address: _____

Phone: _____ E-mail: _____

SURVEYOR *This entity should be copied on all project correspondence* Yes No

Name: _____

Name of Primary Contact (if surveyor is an organization): _____

Address: _____

Phone: _____ E-mail: _____

LANDSCAPE ARCHITECT *This entity should be copied on all project correspondence* Yes No

Name: _____

Name of Primary Contact (if attorney is an organization): _____

Address: _____

Phone: _____ E-mail: _____

OTHER *This entity should be copied on all project correspondence* Yes No

Name: _____

Name of Primary Contact (if attorney is an organization): _____

Address: _____

Phone: _____ E-mail: _____