DCG

Document Control Group

Drawing Copy Request and/or Drawing Turn-In Form

Name **Date** **Ext** **Needed By** **Date** **Time**

Drawing Numbers (dwg size not required)	REV	Sheet	of	# of Copies	A,B,C,D or E Size	Folded (E flat only)	Flat	Stamped Approved	Stamped Bid	Stamped Date	Stamped Info	Stamped Preliminary	Binding Edge	Set Stapled

Special Instructions:

Completed: _____ Time: _____ Total: _____

DSSrevised7/3/00(forms/drawingcopy.xls)