

## PROJECT INFORMATION

### Which best describes this project?

- NEW Project  
 PREVIOUS Project, requires the following:  
 Exact Reprint  Content Edit  Re-design

### Which of following will you provide:

- Text  Photography  Other

If you are providing photography, has a release form been signed?

- Yes  No  I don't know

### Type of request:

#### GRAPHICS:

- |                                           |                                        |
|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Ad               | <input type="checkbox"/> Exhibit       |
| <input type="checkbox"/> Coupon           | <input type="checkbox"/> Poster        |
| <input type="checkbox"/> Map              | <input type="checkbox"/> Business Card |
| <input type="checkbox"/> Banner           | <input type="checkbox"/> Flyer         |
| <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> Brochure      |
| <input type="checkbox"/> Logo             | <input type="checkbox"/> Form          |
| <input type="checkbox"/> Event Banner     | <input type="checkbox"/> Other         |

Size Needed \_\_\_\_\_ width \_\_\_\_\_ height

### Will mailing services be required?

- Yes  No

### If yes, will creation of an envelope be required?

- Yes  No

#### WEB:

- Page Update  
 Image Update  
 New Page Creation  
 Social Media  
 News Posting  
 Event Posting  
 E-Mail Campaign/Newsletter  
 Report Website Error (*provide url*) / Other

#### SIGNS:

- Wood  Plastic  Aluminum

Size Needed \_\_\_\_\_ width \_\_\_\_\_ height

**Location Description** If possible, please also attach a map indicating where the sign will be installed.

## GENERAL INFORMATION

Name \_\_\_\_\_

Department/Park \_\_\_\_\_

Email/Phone \_\_\_\_\_

Today's Date \_\_\_\_\_

**PROJECT DEADLINE DATE\*** \_\_\_\_\_

Account Number # \_\_\_\_\_

Budget for Print Project \_\_\_\_\_

Quantity Needed \_\_\_\_\_

Department Head Requesting this Project \_\_\_\_\_

Department Head Required to Review Proof 1 / Proof 2 \_\_\_\_\_

Purpose of Project/Additional Notes

**\*A specific date 4-6 weeks before you need the final project**

## PROOF PROCESS

**OFFICE USE ONLY**

Please be as thorough as possible when reviewing art/text. Please initial below for approved proofs. If edits are needed, please write "EDIT" below. Note any corrections directly on each proof.

Proof 1 \_\_\_\_\_ Proof 2 \_\_\_\_\_

FINAL MULTIMEDIA SUPERVISOR APPROVAL \_\_\_\_\_

FINAL DIRECTOR APPROVAL \_\_\_\_\_

Project Worked On By \_\_\_\_\_

Department \_\_\_\_\_

Project Status  Complete  Missing Info

On Hold  Other \_\_\_\_\_

If Project Is Complete, Date Sent \_\_\_\_\_