

# Minnesota Mechanical Prototype Innovations LLC

## Mechanical Prototype Design Intake Form

Information Full Name:

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Company (if applicable):

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Email Address:

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Phone Number:

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Preferred Contact Method: ☐ Email ☐ Phone ☐ Text Project Overview Project Name:

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Brief Description of the Prototype:

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Intended Use / Application:

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Design Requirements Target Dimensions (L × W × H):

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Weight Constraints (if any):

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Material Preferences: ☐ Plastic ☐ Metal ☐ Composite ☐ Other: Operating Conditions: ☐ Indoor ☐

Outdoor ☐ Wet Environment ☐ High Heat ☐ Cold ☐ Dusty ☐ Other: Required Functions or Movements  
(e.g., rotating parts, extending arms):

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Files & Sketches Do you have any reference materials? ☐ Hand Sketches ☐ CAD Files ☐ Technical

Drawings ☐ Images ☐ **(NOTE)SEND ALL CAD FILES THRU THE "CONTACT US" PAGE OF THE**

**WEBSITE.INCLUDE YOUR NAME AND CONTACT INFO ON THE FILE NAME PRIOR TO SENDING.**

Timeline & Budget Desired Completion Date:

Budget Range (Optional): \$\_\_\_\_\_ to \$\_\_\_\_\_

Additional Notes or Requests

Signature I confirm that the information provided above is accurate to the best of my knowledge.

Signature:

Date: