

DFCM FACILITY USE PERMIT

Please complete all items listed below and submit to: **Division of Facilities Construction and Management**

Attention:

Facility Affected:

Checks/Money Orders for Permit Fees should be made out to: D.F.C.M.

1. Name of Organization
2. Name of Contact Person
3. Phone Numbers - Work Home
4. Address City State Zip
5. Building or Grounds Area Requested
6. Type of Function
7. Date Being Requested Start Time Ending Time
8. Number of Anticipated Participants:
9. Equipment and/or Services to be Used (Please attach list of needed)
10. Insurance Company, Name and Policy # (if applicable)
11. Free Speech Function Fee Waived

12. I understand that the facility used will be inspected after all scheduled functions. Applicant shall be held responsible for all damages caused by applicant's function.

I hereby understand and agree to the above. I also understand and agree to abide by all rules and regulations pertaining to use of the facility, a copy of which was received upon making application for use of the facility and/or grounds.

Applicant Signature _____ Date _____

13. Managing Agency Approval _____ Date _____