

Activity Approval Form - Properties & Facilities Under the Jurisdiction of DCAS

Organization/Agency requesting permit must complete items 1 thru 15

1) Type of Activity:

2) Description of Activity:

3) Date of Activity:

4) Time of Activity: From: To:

5) Number of People Expected:

6) Building Activity Address:

7) Name of Organization or agency:

8) Activity Coordinator:

9) Address:

10) Telephone Number: 11) E-mail Address:

12) Billing Contact Person:

13) Billing Number: 14) Billing E-mail:

15) Organization/Agency accepts responsibility for reimbursing DCAS for any employee overtime earned during stated activity: Yes: No:

Special Needs Request:

FOR OFFICIAL USE ONLY

Approved by:

Coordinator (Date)

(Date)