



Facilities Management Building & Grounds Permit Request Form

Individual/Organization Name: _____

Contact Person: _____ Phone #: _____

Address: _____
City, State Zip Code

Building and/or Description of Grounds Requesting to be used: _____

Description of Activity: _____

Dates & Times of Preparation:

Dates & Times of Event:

Dates & Times of Clean up:

Please check one:

City of Mc Kinney Permit Received: Yes No N/A

City of Mc Kinney/Chamber of Commerce Film Agreement Received: Yes No N/A

Requester's Name: _____ Title: _____

Signature: _____ Date: _____