

## Facilities Management Building & Grounds Permit Request Form

Individual/Organization Name:	American Red	Cross	
Contact Person: William	Hawkins	Phone #: 9/8	-240-7735
Address: 4925 New	York Ave	Arligton IX	76018
Building and/or Description of Gro	ounds Requesting to be used:	City, State	Zip Code
Description of Activity: Hoski	ng of Blood Dr	Ve	
Dates & Times of Preparation:	Dates & Times of Event: 11/1/2024	Dates & Times of Clean up:	
8:00AM - 9:00AM	9:00AM - 3:00PM	3:00PM - 4:00PM	
ase check one:			
of Mc Kinney Permit Received:	□ Yes □ No □ N/A		
of Mc Kinney/Chamber of Commenter's Name:	nerce Film Agreement Rece	ived: 12 Yes 12 No 12	N/A 1
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