

Facilities Management Building & Grounds Permit Request Form

Individual/Organization Name: Ar	merican Red Cross				
Contact Person: Melissa Rodriguez			Phone #: 8179094569		
Address: 4925 New Yo					
			City, State	Zip Code	
Building and/or Description of Gro	ounds Requesting to be used	Front P	arking Lo	t of the Main	
Courthouse - located					
Blood	Drive - American	Red Cro	ss Blood	Donation Bus	
Description of Activity:					
Dates & Times of Preparation:	Dates & Times of Event:	I	Dates &Times	of Clean up:	
3/28/2025	3/28/2025				
arrive 11am	12pm	_			
Leave by 6pm	5m	-			
		-			
		_			
		. <u>-</u>			
Please check one:					
City of Mc Kinney Permit Receive	d: □ Yes □ No ■ N/A				
City of Mc Kinney/Chamber of Co	C	eceived: Y	es □ No	■ N/A	
Requester's Name: Melissa	Rodriguez	Title: SB			
Signature:			9/25		