

Facilities Use Permit
Energy Department

Facility: _____

Applicant Group: _____

Group Leader: _____

Address: _____

Phone: (home) _____ **Business:** _____ **Cell:** _____

Group Approved For:

- | | | | |
|-----------|-------------|----------------|-----------------|
| (1) _____ | Cost: _____ | Annually _____ | Per Event _____ |
| (2) _____ | Cost: _____ | Annually _____ | Per Event _____ |
| (3) _____ | Cost: _____ | Annually _____ | Per Event _____ |
| (4) _____ | Cost: _____ | Annually _____ | Per Event _____ |

Date of Use: _____

Fees paid: _____ **Check No.** _____
(Date)

Approved By: _____
(Signature and Title)