

INTERcity TRANSIT APPLICATION

Office Use Only

Permit #

PERMIT TO ENGAGE IN PUBLIC COMMUNICATION ACTIVITIES

*Please fill out form and attach all requested information.
Incomplete applications will not be considered.*

1. Applicant Information:

Name: _____

Address: _____

#/Street

City

State

Zip

Contact Number(s): _____

2. Sponsor/Promoter/Organizer Information (if different than above):

Name: _____

Address: _____

#/Street

City

State

Zip

Contact Number(s): _____

3. Give a short description of the nature of the activity and its purpose:

Description: _____

Purpose: _____

4. Activity Information:

Location requested: (check one)

Olympia Transit Center

Amtrak Depot

Lacey Transit Center

Other _____

Dates/Times requested:

Start Date: _____

End Date: _____

Daily Start Time: _____

Daily End Time: _____

5. Participant Information:

Total number of people who will be participating: _____

Name and current address is required for **each** participant. Use additional sheets if necessary.

Name: _____

Address: _____
#/Street City State Zip

Name: _____

Address: _____
#/Street City State Zip

Name: _____

Address: _____
#/Street City State Zip

6. Attach a copy of any literature the applicant intends to display or distribute and contents of any signs or other visual displays the applicant intends to utilize.

7. Please indicate your preference below regarding issuance of the Permit:

Mail the Permit to the address provided in section 1 above.

Contact me at the phone number listed in section 1 above for pick up at the Business Office, 526 Pattison Street, S.E., Olympia, WA 98501.

Your signature below signifies you have read the Rules of Conduct *in its entirety* and agree to abide by the provisions contained therein and all state, federal, and municipal criminal and civil laws applicable to it.

“Applicant” Signature _____

DATED this _____
Day Month Year

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Date Application Received: _____

Received By: (Name and Title) _____

Approved; Permit mailed: _____ or Applicant contacted: _____

Denied, written statement of reasons for denial mailed: _____