

Office Use Only

Permit #

INTERCITY TRANSIT APPLICATION

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.

Applicant Signature

DATED this

Day

Month

Year

Office Use Only

Date Application Received

Received by: Name & Title

Approved; Permit mailed:

or Applicant contacted:

Denied: Written statement of reasons for denial mailed: