

Event Permit

**For use of a Department-owned or managed building, grounds or parking area
(Event Sponsored by a Private, Non-profit, or Public Entity)**

DAS NUMBER: _____
DAS USE ONLY

User name and Organization name	Event / Function Name	
User mailing address	Expected number of participants	
City, State and Zip code	Contact person name	
Email address	Phone number	Contact cell phone

Approval is hereby granted for the Event / Function indicated above for the following premises:

Premises requested:				
Event Date/Time	Start Date	Time	End Date	Time
	Begin		End	

Building Reservation Coordinator agrees by signing this form that user agrees to comply with the conditions stated in the Event Application and the executed Event Application is made a part of this Permit.

By: _____ Title: _____ Date: _____
Building Reservation Coordinator signature (if applicable)

By: _____ Title: _____ Date: _____
Department of Administrative Services signature

Email completed and signed form to: Facilities.Event@oregon.gov
Or mail to: DAS Event Agreements, 1240 Ferry Street SE, Salem, OR 97301-4290