

**TARRANT COUNTY FACILITIES MANAGEMENT
PROPERTY USE APPLICATION**

PLEASE COMPLETE ALL SECTIONS.

Location requested: _____

Event Date(s): _____

Time of event: _____

Description of event (if more than three lines, please provide an attachment):

_____ Electricity required

_____ Set up equipment (tables/chairs/podium/speakers, etc.) requested from County

Contact Person: _____

Address: _____ City: _____ State: ___ Zip: _____

Cell phone number: _____ Email: _____

Name of Organization: _____

_____ Non-Profit _____ For-Profit

Primary contact person: _____

Address: _____ City: _____ State: ___ Zip: _____

Business phone number: _____ Email: _____

Event on-site contact person & cell phone number: _____

Applicant's signature: _____

Applicant's printed name: _____

Date: _____