



FACILITY USE PERMIT CHANGE/CANCELLATION

PERMIT INFORMATION

Permit #: _____

Entity/Institute: _____

Contact Name: _____ Phone: _____ Email: _____

FACILITY INFORMATION

Facility Name: _____

Date(s)/Times(s) to be Changed/Cancelled: _____

Reason for Change/Cancellation: _____

PLEASE NOTE: All requests for changes/cancellations must be made no later than 48 hours prior to the requested facility use times. If you fail to change/cancel your permit within this time frame, you will be assessed all fees associated with your permit.

Signature Date

Name: _____

Organization: _____

Please submit this form to:

MAIL: Permit Office
Dept. of Recreation and Community Services
5225 West Vliet Street, Room 163
Milwaukee, WI 53208

EMAIL: SchoolPermits@milwaukee.k12.wi.us

FAX: 414-475-8403

FOR OFFICE USE ONLY:

Date/Time Received: _____ Received by: _____ Fees to be assessed: \$ _____

Copies to: Facility, Building Engineer, School Safety, MPS/DFMS Accounts Payable