

**Dixie State University  
Special Event/Project Permit Request Form  
Risk Management and Safety**

Phone: 435-652-7855  
Email: [jthayn@dixie.edu](mailto:jthayn@dixie.edu)

**Applicant Information (please print) Name**

Requesting Agency and Address: \_\_\_\_\_

Contact/Responsible Person: \_\_\_\_\_ Office: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Ext: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Day(s) of Week: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_

Describe the Event (Be Specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Participants: \_\_\_\_\_ Vehicles/Equipment: \_\_\_\_\_ Location \_\_\_\_\_

**Approved with the following conditions:**

Require Fire Marshal/Safety Officer Approval \_\_\_\_\_

Require University Police Approval \_\_\_\_\_

Facilities Management Approval \_\_\_\_\_

Contact Local Jurisdiction (When applicable) \_\_\_\_\_

Liability Waiver (When required) \_\_\_\_\_

DSU Approved Vendor Liability Insurance Certificate \_\_\_\_\_

(Required DSU Named as co-insured \$1,000,000 each,  
\$3,000,000 Aggregate)

Not Approved Reason:

\_\_\_\_\_

Risk Management Approver

Date

\_\_\_\_\_

\_\_\_\_\_