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| wisdot-agency-name-logo-100-black-rgb**MIS DAILY USE PERMIT** Wisconsin Department of TransportationDT1367 11/2015 |

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| An electronic version of this form is available online: [*wisconsindot.gov/Documents/formdocs/dt1367.docx*](http://apwmad0p4145:37108/Documents/formdocs/dt1367.docx) |
| Date(s) Requested | Amount of Space Required |
|       |       |
| Date and Time of Setup | Equipment Involved |
|       |       |
| Purpose of Display |
|       |
| Requestor's Name | Name of Organization *(if applicable)* |
|       |       |
| Address | City | State | ZIP Code |
|       |       |    |       |
| Phone Number | Fax Number | Cell Phone Number |
|       |       |       |
| Email Address | Website Address |
|       |       |
| Submit completed form to: |
| Milwaukee Intermodal StationTim Ray, Property Managerc/o Colliers International1243 N. 10th Street, Suite 300Milwaukee, WI 53205Phone: 414-278-6831 |
| Or, Email your completed form to: tim.ray@colliers.com  |
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| **WAIVER OF LIABILITY** |
| By signing this agreement, I agree to hold MIP, Colliers, and WisDOT entirely free from any liability, including financial responsibility for damages incurred, regardless of whether damages are caused by negligence to the display on MIS property.By signing below I forfeit all right to bring a suit against MIP, Colliers, and WisDOT for any reason. In return, I will receive**the right to install my temporary display for the approved timeframe.** I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.I,       , fully understand and agree to the above terms. |
|       |       |
| (Requestor Signature) | (Date) |
|       |  |
| (Print Name) |
|  |  |
| ***FOR INTERNAL USE ONLY*** |
| Request Status |
| **[ ]  APPROVED****[ ]  DENIED** – *see attached justification* |
|  |  |  |  |
|       |       |  |  |
| (Authorized Representative Signature) | (Date) |  |  |
|       | Date Received |       |
| (Print Name) |  |  |
|       | Date Response Transmitted |       |
| (Title) |  |  |