



# GOVERNMENT CENTER CAMPUS USE APPLICATION

## APPLICANT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City, State*

*Zip Code*

Email: \_\_\_\_\_

### Type of Entity

Federal, state, regional, or local governmental entity or association

Fairfax County Civic Association

Candidate for a public office serving Fairfax County

Fairfax County non-profit organization

Fairfax County resident for non-commercial use

## EVENT OR MEETING DETAILS

*Title*

*Contact Name, Phone, and Email*

<i>Day and Date</i>	<i>AM PM</i>	<i>AM PM</i>	<i>AM PM</i>	<i>AM PM</i>
_____	_____	_____	_____	_____
	<i>Set-Up Time</i>	<i>Start Time</i>	<i>End Time</i>	<i>Clean-Up Time</i>

*For recurring events and meetings, please attach a separate list with all dates and times.*

*Number of Participants*

### Preferred Location

Board Auditorium		Center Island Mall	
Forum		Bench Areas – North, South, or Front	
J. Hamilton Conference Center Room		Parking Lots – A, B, or C	
Conference Center Reception		Ellipse, Lawns, or Trails	
Cafeteria		Pennino or Herrity Building Lobby	
Atriums – North or South		Pennino Park or Herrity Plaza	

*DCCS reserves the right to assign locations as set forth in Procedural Memorandum No. 04-11.*

### Resources

Projector

Podium with microphone

Assistive Listening System

**APPLICANT SIGNATURE**

Permission granted for use of any portion of the Government Center Campus by any organization or individual may be revoked, canceled, postponed, or rescheduled pursuant to this Procedural Memorandum No. 04-11. The applicant understands that if the nature of the use changes the applicant may have to reapply. The applicant accepts liability and hereby agrees to indemnify and hold harmless the County of Fairfax, Virginia, its officers, agents, and all employees and volunteers, from any claims for bodily injury, personal injury, and/or property damage in connection with the applicant's use of the facilities and/or grounds. The applicant accepts responsibility for the condition of the reserved area until the Confirmed Reservation is completed. The applicant accepts responsibility for complying with all Americans with Disabilities Act (ADA) requirements. The applicant acknowledges that Procedural Memorandum No. 04-11 is available on the County Web site and agrees to be bound by its terms.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**SEND COMPLETED APPLICATION TO**

Department of Cable and Consumer Services  
12000 Government Center Parkway, Suite 127  
Fairfax, VA 22035

**Email:** [reservations@fairfaxcounty.gov](mailto:reservations@fairfaxcounty.gov)

**Fax:** 703-324-2420

**APPLICATION APPROVAL**

\_\_\_\_\_  
*Approver (Name, Title)*

\_\_\_\_\_  
*Date*

**APPROVED PER ATTACHED CONFIRMATION**