COUNTY OF FAIRFAX -- COMMON AREA USE PERMIT APPLICATION

TO USE COMMON AREAS AT A FAIRFAX COUNTY DISTRICT GOVERNMENTAL CENTER

Name of District Governmental Center:		
Name of Applicant or Representative:		Phone:
Address:(Street)		FAX:
(Street)	(City, State, Zip)	
Name of Organization Represented (if applied	cable):	
Title/Subject/Purpose of Activity:		
Number of Individuals Participating in this	Activity:	
Category of Activity (check applicable box) ☐ Governmental ☐ County-Based Nonprofit Organiza ☐ County Resident		
Requested Date and Time of Activity: First Choice: Second Choice:	<u>Date</u>	<u>From</u> <u>To</u>
Second Choice:	Activity Start Tin	ne (if different):
Requested Location(s) for Activities: Conference Room(s):	•	
Is the activity, or any part thereof, a fundrais		
Permission granted for use of any portion of Governmental Center by any organization rescheduled. I accept liability and hereby as Virginia, its officers, agents and all employe personal injury and/or property damage in accept responsibility for control of the responsibility for complying with all America that it is my responsibility to supply ADA recread and agree to comply with the require understand that I may have to reapply if any	or individual may be gree to indemnify and es and volunteers, fro connection with the u eserved area until the ans with Disabilities of quired assistance for rements for use of the	e revoked, canceled, postponed, or hold harmless the County of Fairfax, or any and all claims for bodily injury, use of the facilities and/or grounds. I he activity is completed. I accept Act (ADA) requirements. I recognize this event. I have received a copy of the District Governmental Center.
Applicant's Signature		strict Governmental Center
Date:	Da	nte:

Send application to Springfield District Government Center, Supervisor Herrity's Office