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: _______________________________________________________ FAX: __________________________

Name of Organization Represented (if applicable): ___________________________________________
Title/Subject/Purpose of Activity: _________________________________________________________
Number of Individuals Participating in this Activity: ________________
Category of Activity (check applicable box):
☐ Governmental ☐ County-Based Nonprofit Organization ☐ County Resident

Requested Date and Time of Activity: Date From -- To
First Choice: _________________________________________________________________________
Second Choice: _________________________________________________________________________
Activity Start Time (if different): _______________________________________________________________________

Requested Location(s) for Activities:
Conference Room(s): _______________________________________________________________________

Describe below or on a separate sheet of paper the particulars of the use.
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Is the activity, or any part thereof, a fundraiser? Yes/No. If Yes, describe: ______________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Permission granted for use of any portion of the facilities and/or grounds at a Fairfax County District Governmental Center by any organization or individual may be revoked, canceled, postponed, or rescheduled. I accept liability and hereby agree to indemnify and hold harmless the County of Fairfax, Virginia, its officers, agents and all employees and volunteers, from any and all claims for bodily injury, personal injury and/or property damage in connection with the use of the facilities and/or grounds. I accept responsibility for control of the reserved area until the activity is completed. I accept responsibility for complying with all Americans with Disabilities Act (ADA) requirements. I recognize that it is my responsibility to supply ADA required assistance for this event. I have received a copy of, read and agree to comply with the requirements for use of the District Governmental Center. I understand that I may have to reapply if any changes are made to this application.

_____________________________   APPROVED    ________________________________
Applicant’s Signature      District Governmental Center
Date: _____________      Date:  ___________________________

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

Form as of 1/04