



COUNTY OF FAIRFAX
Facilities Management Department
12000 Government Center Parkway, Suite 424, Fairfax, VA 22035
Phone: 703-324-2886, TTY: 711, Fax: 703-324-3930
REQUEST TO UTILIZE A COUNTY FACILITY OR PROPERTY

**APPLICATION FOR PERMISSION TO TEMPORARILY UTILIZE A FAIRFAX COUNTY GOVERNMENT FACILITY
OR PROPERTY FOR NON-PROFIT, RELIGIOUS, CHARITABLE, PUBLIC SERVICE, OR POLITICAL PURPOSES**

PLEASE PRINT

Name of Organization Represented:			
Name of Applicant or Representative:			
Street Address:			
City:	State:	Zip:	
Daytime Telephone Number: ()			
Federal Tax-Exempt Number (if issued)			
Category of Non-Profit Use (check applicable categories): <input type="checkbox"/> Religious <input type="checkbox"/> Charitable <input type="checkbox"/> Public <input type="checkbox"/> Political <input type="checkbox"/> Other (describe)			
Requested Location:			
Address:			
Requested Date and Time of Use:			
First Choice	Date(s):	Time From:	Time To:
Second Choice	Date(s):	Time From:	Time To:
Number of Participants:			
Does individual/organization have liability insurance coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please attach Certificate of Insurance)			
Coverage Per Person: \$		Total Coverage: \$	
Is there a third-party contract/arrangement with a profit-making individual or organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, name of individual or organization:			
Specify the activities the required use will involve:			
Email address:			



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The County of Fairfax, their officers, employees and volunteers are included as an additional insured with respects to the Liability Policies as required by written contract. Insurance provided is primary and non-contributory with respect to the liability policies as required by written contract. The certificate holder will receive 30 days' notice of cancelation for any reason except non-payment of premium. Waiver of subrogation applies as per policy language.

The applicant agrees to hold harmless and indemnify the County with respect to any claim or loss, injury or damage arising out of negligence of the applicant, its employees or agents, including damage to the property of the County.

By submitting this form, I acknowledge that this document is a public record under both the Virginia Public Records Act and the Virginia Freedom of Information Act. As a public record, it must be retained by Fairfax County in accordance with relevant retention time periods and may be subject to release under the Virginia Freedom of Information Act.

DATE

SIGNATURE OF APPLICANT/REPRESENTATIVE

Please return your complete form, including the signature page, and any additional information to:

**Director, Facilities Management Department
County of Fairfax
12000 Government Center Parkway, Suite 424
Fairfax, Virginia 22035-0011
Phone: (703) 324-2886**

**DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY THE COUNTY**

Application is Approved _____ Rejected _____

Date

**José A. Comayagua, Jr.
Director**

Comments: