



Facility Use Application

COMMUNITY SERVICES DEPARTMENT

Group or Organization:

Washoe County Facility to be used:

Specific Area within Facility:

Today's Date:

Day(s) / Date(s) Requested:

Time: From:

A.M.

P.M.

To:

A.M.

P.M.

Intended use:

Expected Size of Group:

Expected Number of Vehicles:

Individual in Charge of Group:

Mobile Phone:

Phone:

Email:

Mailing Address:

I, the undersigned, have read the Washoe County Facility Use Policy and hold harmless and indemnification provisions and understand all their terms. I hereby execute this application voluntarily and with full knowledge of its significance.

Name and Title:

Date:

For Office Use Only

Insurance Limits Required: \$300K \$500K \$1M Other

Copy of liability insurance with "Washoe County" listed as the additional insured necessary.

Group wishes to be added to Washoe County's special event liability for lessors insurance policy:

Insurance Premium:

User fees:

Total Due:

Deposit:

Amount Due:

Comments: