

**MONTGOMERY COUNTY
APPLICATION FOR USE OF GOVERNMENT CENTER FACILITIES**

Application Date: _____

Area being requested: _____

Date desired: _____

Time desired: Beginning: _____ Ending: _____

Organization

1. Name of organization: _____

2. Address of organization: _____

3. Contact Person: _____

4. Address of Contact Person: _____

5. Phone No. of Contact Person: _____

6. Email of Contact Person: (optional) _____

Purpose and details

7. Give a brief description of the program planned: _____

8. Estimated attendance: _____

9. Special requirements: _____

10. County employee to be on duty: Custodial Staff Other: _____

Name of Employee: _____

The applicant agrees to comply with the policies and regulations of Montgomery County pertaining to the use of the Government Center facilities. The applicant also agrees to hold harmless Montgomery County, its supervisors, officers, agents, employees, and assigns against all liabilities, losses, damages, and expenses including court costs and attorneys' fees incurred or suffered as a result of or arising out of use or occupancy of the facilities.

Approved

Signed

County Administrator

Print Name

Send copies to: General Services, Requesting Organization