



WASHOE COUNTY

COMMUNITY SERVICES DEPARTMENT

Operations

3101 LONGLEY LANE
RENO, NEVADA 89502
PHONE (775) 328.2129
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FACILITY USE APPLICATION

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: _____\$300,000 _____\$500,000 _____\$1,000,000 _____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: _____



INTEGRITY



EFFECTIVE COMMUNICATION



QUALITY PUBLIC SERVICE