

Fort Bend County 301 Jackson Richmond, TX. 77469

Facility Use Application

Today	y's Date:	Date(s) Requested:			
Facilit	ity Requested:	Hours of reservation:			
Inform	mation Regarding Group				
Name of Organization or Individual: Contact Name: Mailing Address:					
			Telephone: (Day)(Night)		(Night)
			Email Address: Information Regarding Intended Use (Attach additional sheet if necessary) Purpose of Use:		
Ackno	owledgment & Agreements				
	I have been provided a copy of the Usage Requirements and will comply with the terms contained therein.				
	I understand and agree that no alcohol	lic beverages can be served at any event at any County Facility.			
	I understand smoking is prohibited in a	ll County Facilities and within 25 feet of any entrance to a building			
	I understand food is to be served in the allowed areas. Cleanup is the responsibility of the Applicant. Responsibilities are outlined in the Usage Requirements.				
	I understand that a janitorial fee will be	charged for each after-hours use at the rate of \$25.00 per hour.			
	I understand that security may be required for reservations outside of normal business hours at the rate of \$35.00 per hour on weekdays and \$40.00 per hour on weekends.				
	entire Usage Requirements. I understa	wledgement and Agreements are not a substitute for reading the nd that I am responsible for all requirements contained in the ether those requirements appear on this sheet.			
	Signature of Organization's Representative	Signature of Fort Bend County Representative			

Return Application to Fort Bend County Facilities Management & Planning Department

Attn: Laura Dougherty

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