



**FACILITY/ROOM USE REQUEST FORM
 COUNTY OF HUNTERDON
 PO BOX 2900
 FLEMINGTON, NJ 08822-2900
 PHONE: (908) 788-1490**

NAME OF ORGANIZATION:

NAME OF ORGANIZATION REPRESENTATIVE RESPONSIBLE FOR USEAGE:

ADDRESS:

TELEPHONE:

Home: _____

Work: _____

Email: _____

TYPE OF EVENT OR PROGRAM (Please specify):

Examples: Workshop, Meeting, Training, etc.

SPECIAL NOTE: Fundraising admission or other charges are not allowed unless permitted under a separate agreement.

DATES(S) AND TIME(S) REQUESTED:

IMPORTANT

CURRENT CERTIFICATE OF INSURANCE MUST BE PROVIDED WITH APPLICATION.

The Certificate MUST State Personal and Liability Coverage of at Least \$1,000,000.00 and

Name The County of Hunterdon as Additional Insured.

NUMBER OF PARTICIPANTS AND/OR AUDIENCE EXPECTED AND MAKE UP OF AUDIENCE EXPECTED (children, adults, etc):

FACILITY/ROOM REQUESTED: (Requires Room Setup Choice, see attached diagrams)

ROUTE 12 ASSEMBLY SPACE:

WHOLE ROOM * _____ Room Setup Choice

KITCHEN SIDE * _____ Room Setup Choice

DAIS SIDE * _____ Room Setup Choice

FREEHOLDER MEETING ROOM, MAIN STREET COMPLEX

HISTORIC COUNTY COURTHOUSE (extra fee required)

SPECIAL NEEDS REQUESTED (If available)

SOUND SYSTEM

BIG SCREEN TV / DVD PLAYER

SPECIAL CONSIDERATIONS (please specify):

NOTE: Facility Use Charges May Apply. If there is a charge, you will be notified upon submission of request.

USE OF ROOM IS SUBJECT TO APPROVAL

SIGNATURE OF ORGANIZATION REPRESENTATIVE: (I have read the Facility Use Regulations and agree on behalf of my group that we will abide by them)

SIGNATURE: _____

DATE: _____

In response to your request for use of a meeting room in a County-owned building, the following guidelines and request form are provided:

GUIDELINES FOR USE OF COUNTY BUILDINGS/MEETING ROOMS

County buildings/meeting rooms may be used by government entities for official business and non-profit organizations for educational, cultural or civic events.

Meetings by groups whose objectives are political in nature or whose objective is to lobby for/against public action are prohibited. Non-partisan political events designed for educational purposes such as debates may be approved upon review and approval by the Board of Chosen Freeholders.

The scheduling of room use is on a first come, first served basis and is scheduled at the sole discretion of the County. Requests for room use should be made as far in advance as possible.

While regularly scheduled meetings shall not exceed 2 per month, special meetings may be permitted if space is available on a case by case basis.

A certificate of insurance, naming the County of Hunterdon as an additional insured, MUST accompany the request. The certificate of insurance must include General Liability with a minimum of \$1,000,000 Workmen's Compensation with \$100,000/\$500,000/\$100,000 coverage and Excess Liability, if available. Groups may petition the Freeholders for a waiver of this requirement in appropriate circumstances.

Groups that are not organized as non-profit or government entities require special Freeholder consideration for approval.

If the meeting/activity is scheduled on off hours/weekends/holidays or if there are special accommodations/set up required, there will be a \$35.00 per hour fee for payable to the County for opening/preparing the room/closing/cleaning the facility, unless waived by the Board of Chosen Freeholders, for each County personnel required. There will a \$75 per hour fee for the Historic County Court House, payable to the County for the same services.

Organizations assume responsibility for any damage to room contents. No additional furniture or equipment, other than what is available, is to be used without County approval.

The County is not responsible for providing storage of equipment, supplies, materials or other items owned by a group and used in the county building.

Groups are expected to pick up after themselves and make sure the room is returned to its original state.

Food and beverages are only permitted in designated areas.
Smoking in County buildings is prohibited.

Visitors must stay in designated areas.

In the event of an emergency involving the physical plant, (flooding, electrical problems, plumbing, etc.) contact the County Emergency Services Department at (908) 788-1202 who will contact the County Buildings and Maintenance Department.

Room capacity must be strictly enforced.

In the event of an accident involving injury, contact the appropriate emergency department via 9-1-1.
Scheduled use of room may be subject to cancellation.

FAILURE TO COMPLY WITH GUIDELINES MAY RESULT IN DENIAL OF FUTURE REQUESTS

I acknowledge that I have read and understand the above guidelines:

SIGNATURE

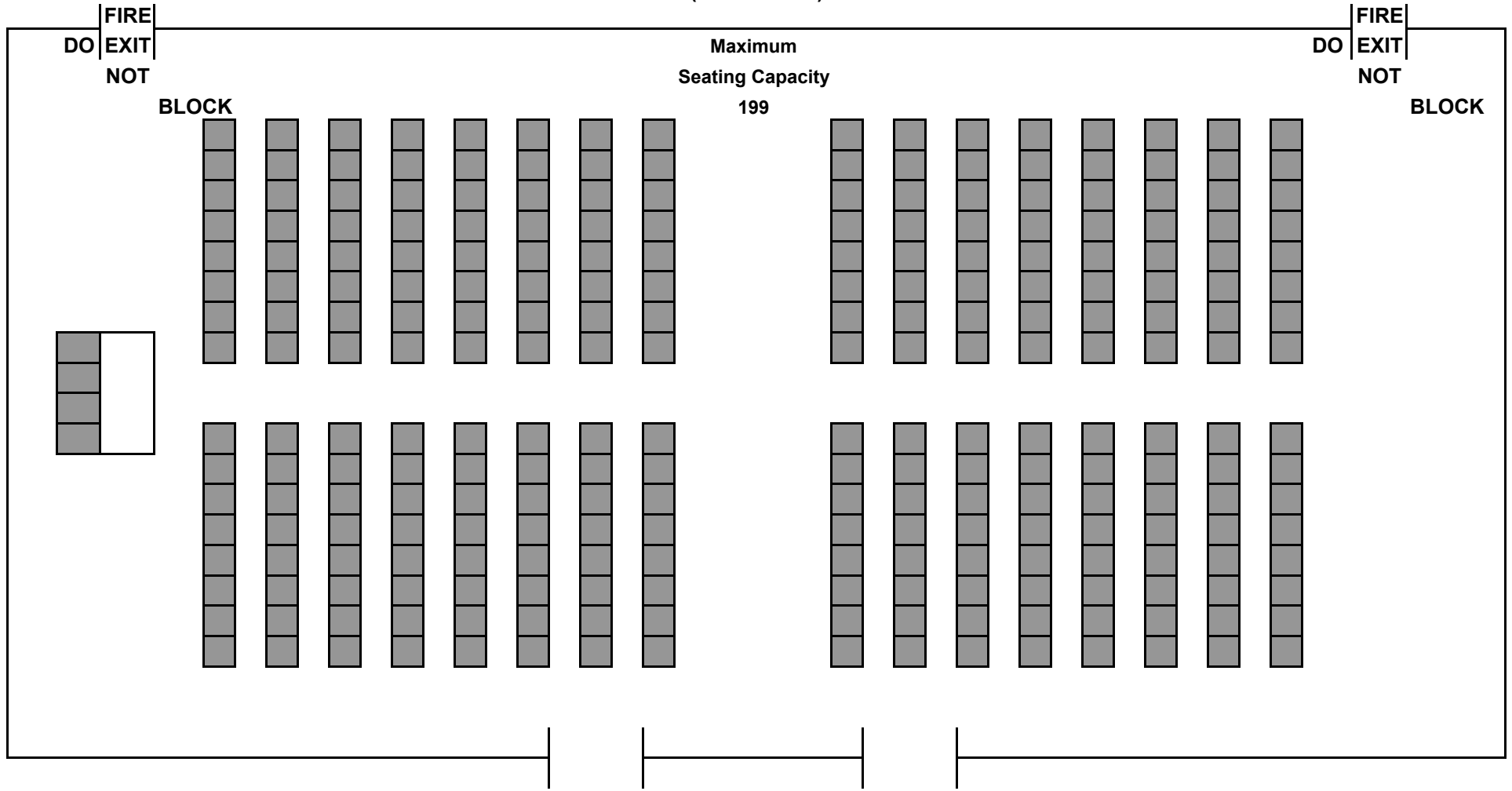
Click button to the left to Request Meeting Room at the Route 12 County Complex

Click button to the left to Request Meeting Room at the Main Street County Complex

DATE

Click button to the left to Request Meeting Room at the Historic County Court House

REQUESTED ROOM SET-UP
ROUTE 12 ASSEMBLY ROOM (Whole Room - Set-Up "A")
(Not to Scale)



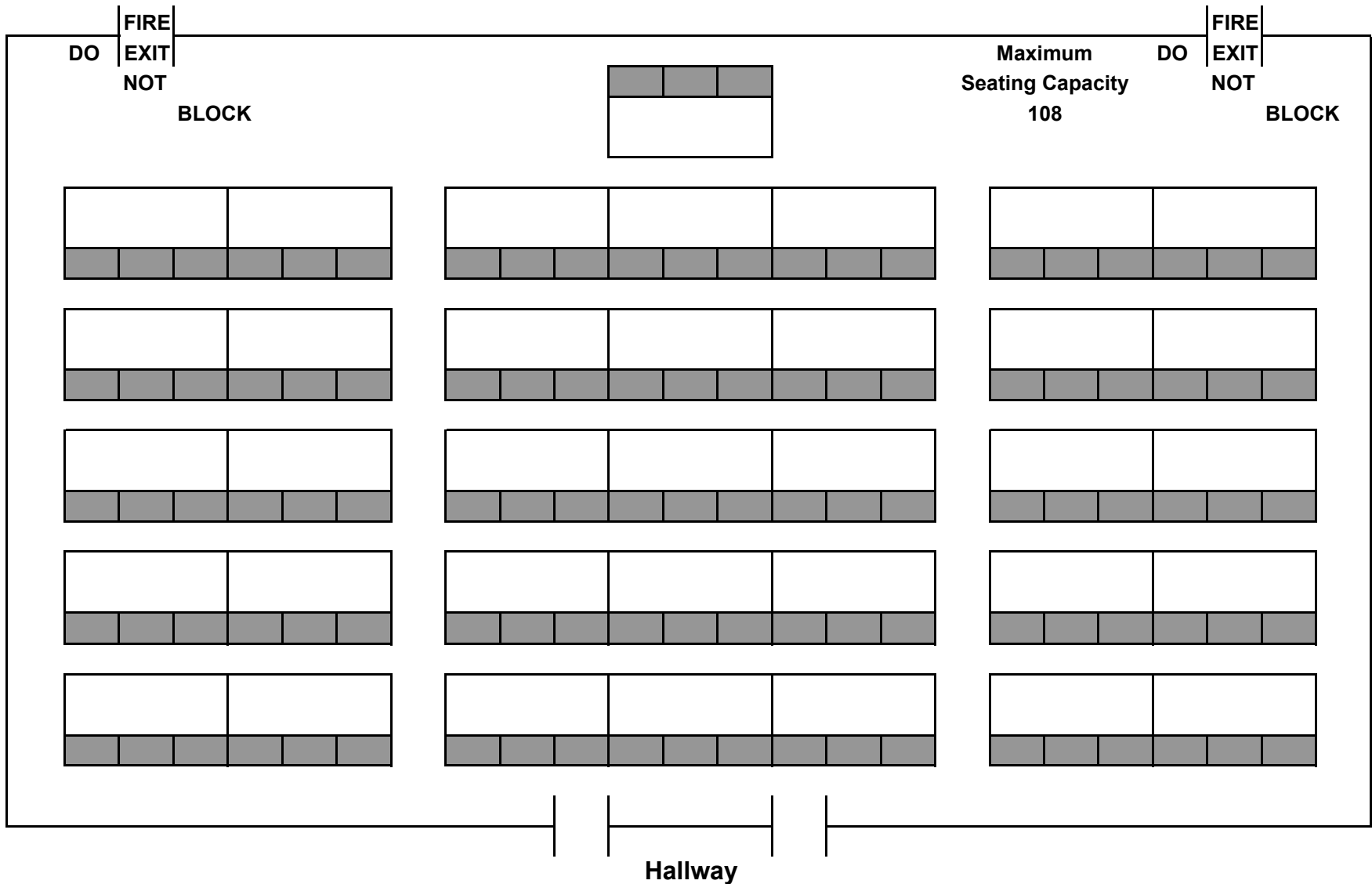
Organization: _____ Contact Person: _____ Telephone Number: _____

Requested Date of Use: _____ Start Time of Use: _____ End Time of Use: _____ Date of Request: _____

Additional Equipment Needed (If Available) _____ Person Making Request: _____

REQUESTED ROOM SET-UP MUST BE ACCOMPANIED BY COMPLETED FACILITY/ROOM USE REQUEST FORM

REQUESTED ROOM SET-UP
ROUTE 12 ASSEMBLY ROOM (Whole Room - Set-Up "B")
(Not to Scale)

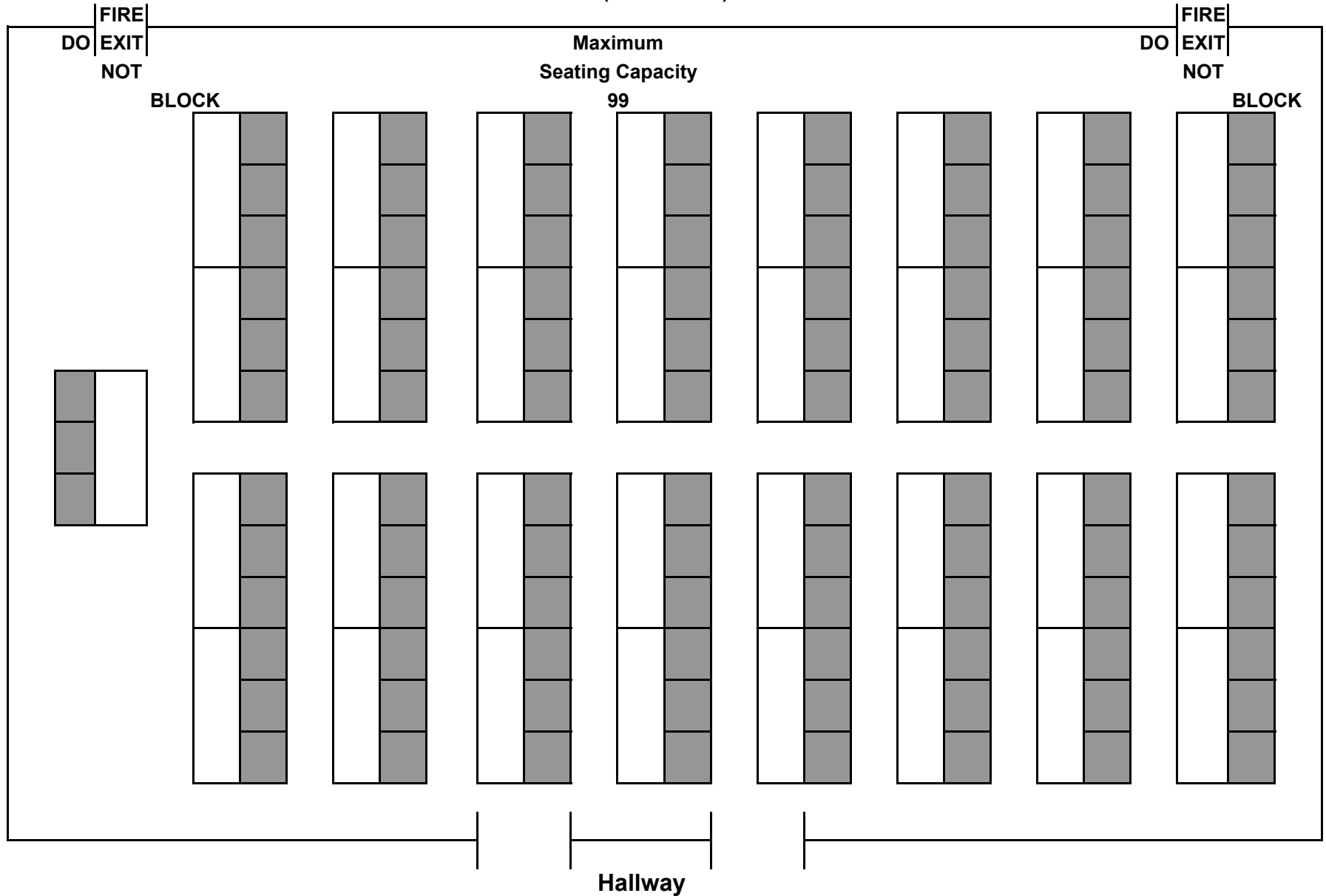


Organization: _____ Contact Person: _____ Telephone Number: _____

Requested Date of Use: _____ Start Time of Use: _____ End Time of Use: _____ Date of Request: _____

Additional Equipment Needed (If Available) _____ Person Making Request _____

**REQUESTED ROOM SET-UP
ROUTE 12 ASSEMBLY ROOM (Whole Room - Set-Up "C")
(Not to Scale)**

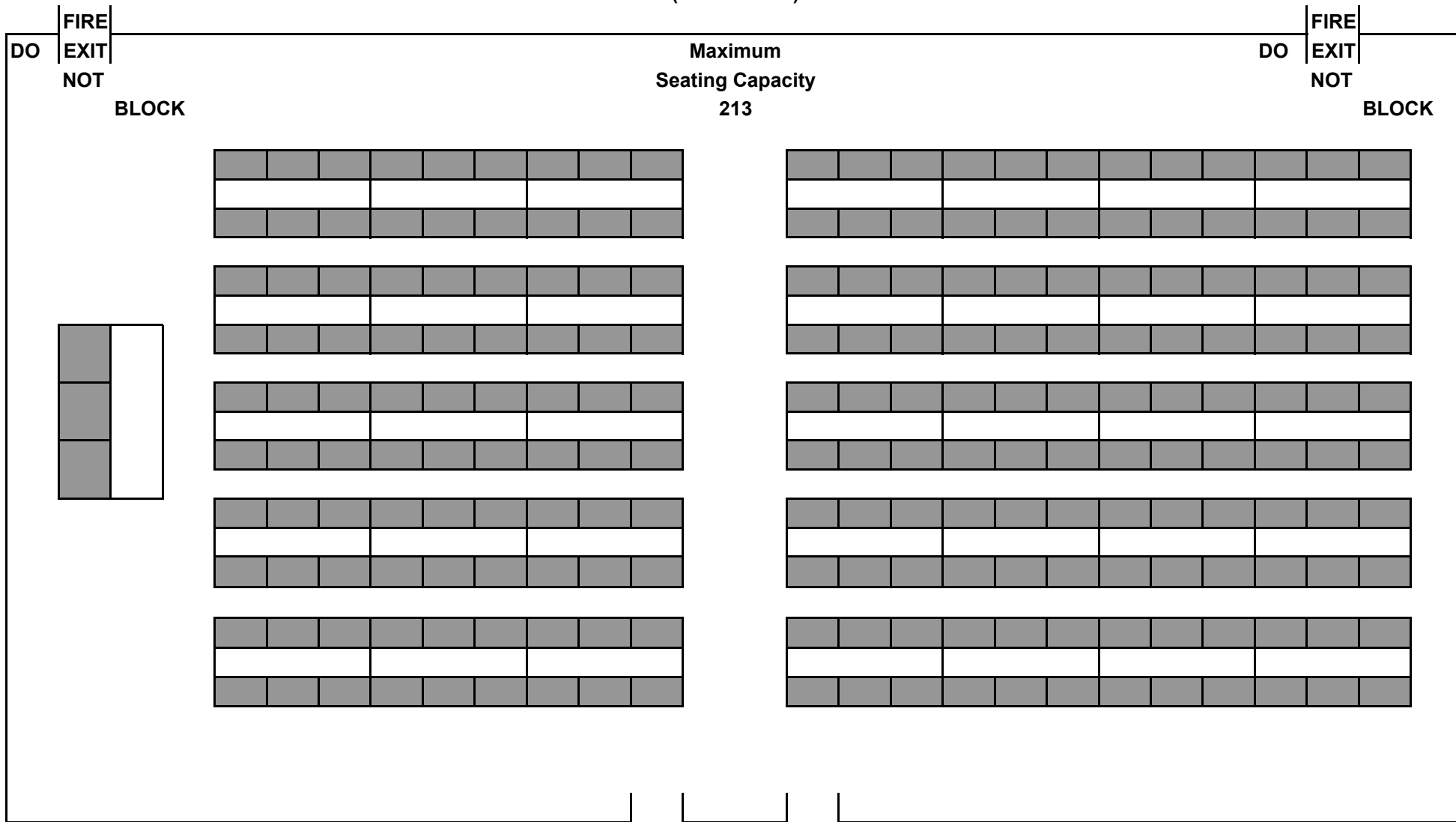


Organization: _____ Contact Person: _____ Telephone Number: _____

Requested Date of Use: _____ Start Time of Use: _____ End Time of Use: _____ Date of Request: _____

Additional Equipment Needed (If Available) _____ Person Making Request: _____

**REQUESTED ROOM SET-UP
ROUTE 12 ASSEMBLY ROOM (Whole Room - Set-Up "D")
(Not to Scale)**



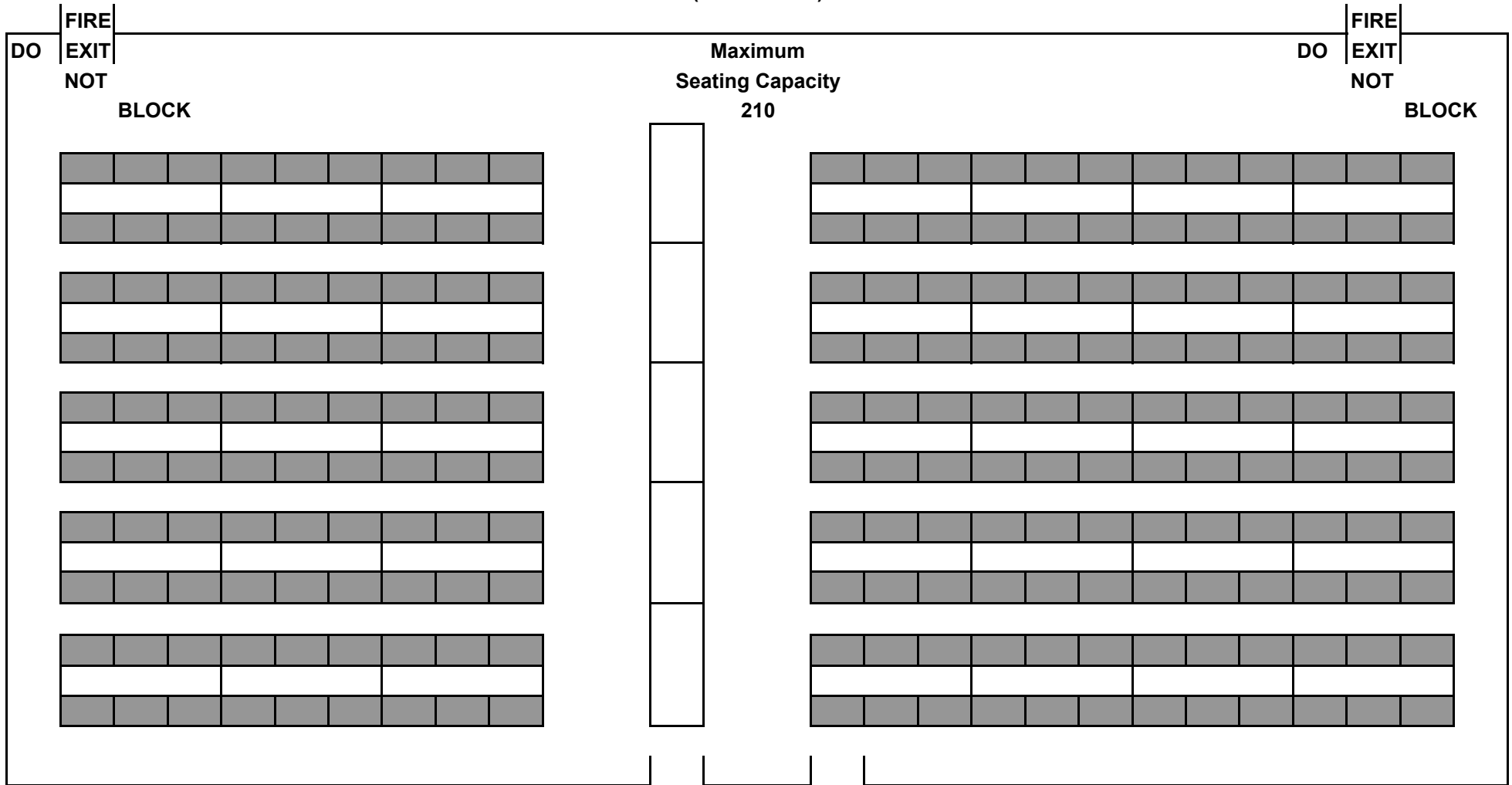
Hallway


Organization: _____ Contact Person: _____ Telephone Number: _____


Requested Date of Use: _____ Start Time of Use: _____ End Time of Use: _____ Date of Request: _____

Additional Equipment Needed (If Available) _____ Person Making Request: _____

REQUESTED ROOM SET-UP
ROUTE 12 ASSEMBLY ROOM (Whole Room - Set-Up "E")
 (Not to Scale)



 = Table

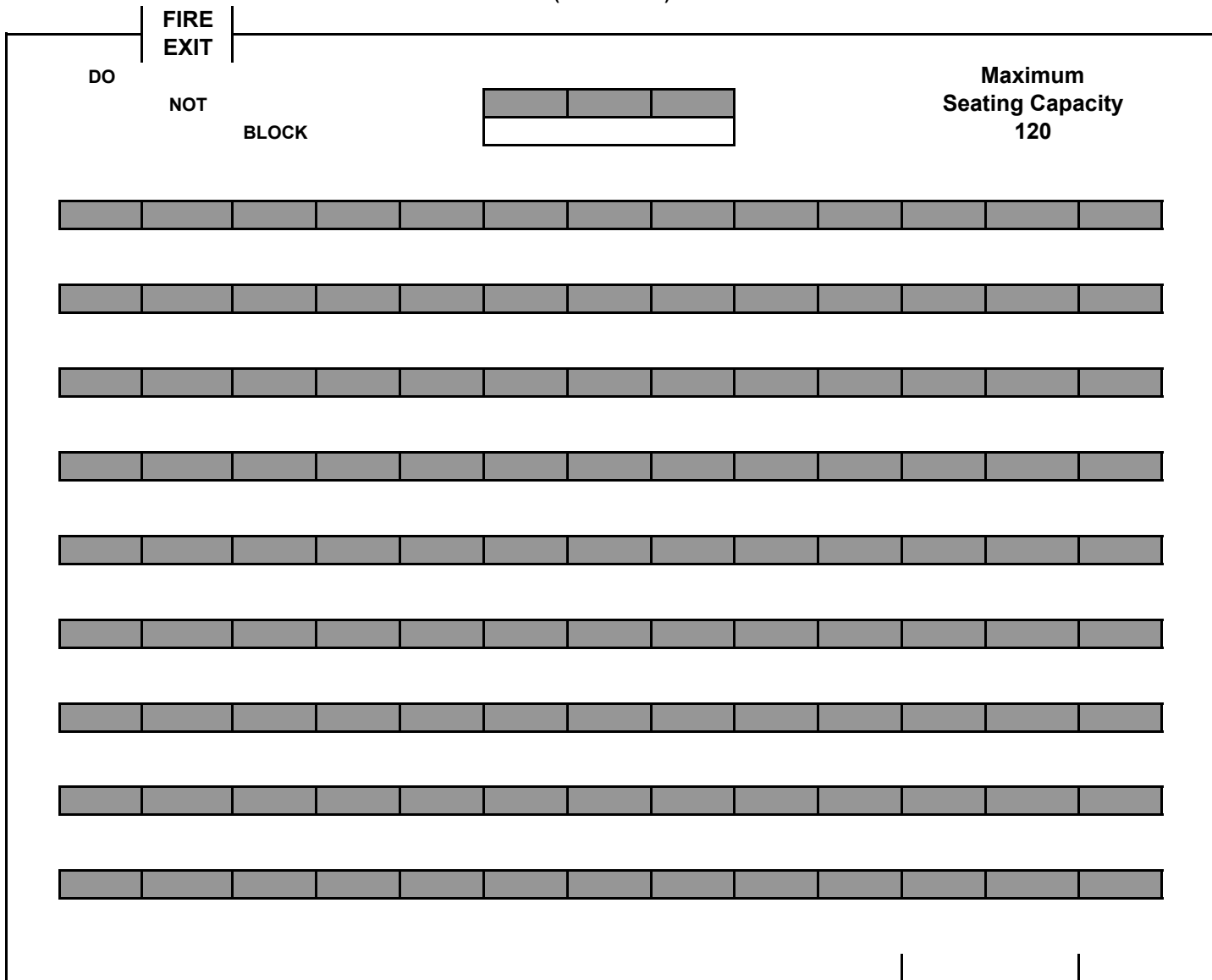
 = Chair


Organization: _____ Contact Person: _____ Telephone Number: _____


Requested Date of Use: _____ Start Time of Use: _____ End Time of Use: _____ Date of Request: _____

Additional Equipment Needed (If Available) _____ Person Making Request: _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Assembly Side - Set-Up "A")**
(Not to Scale)



 = Table

 = Chair

Organization _____

Requested Date of Use _____

Contact Person _____

Telephone Number _____

Start Time of Use _____

End Time of Use _____

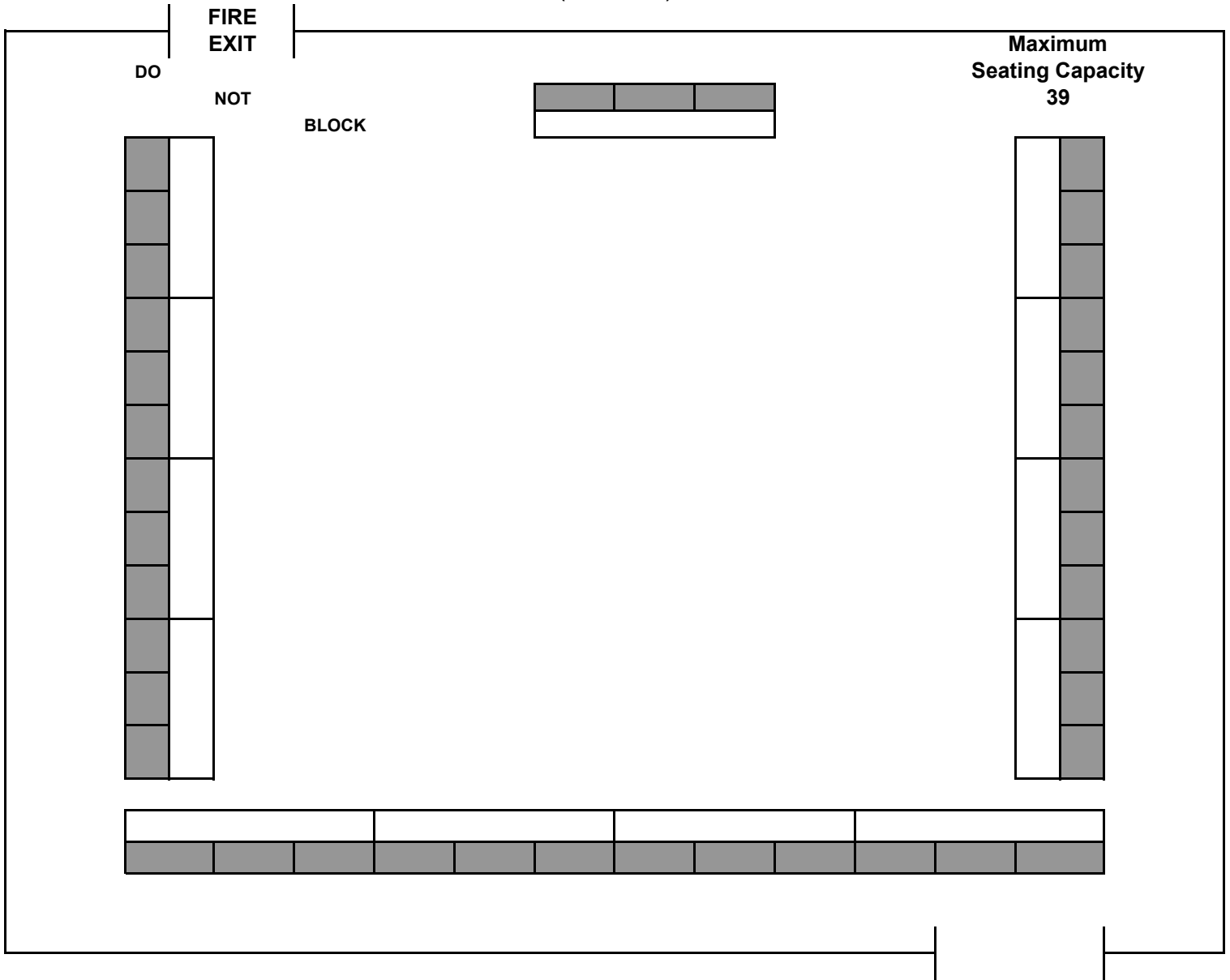
Request That Partition Between Rooms Be Closed Yes _____ No _____

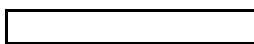
Additional Equipment Needed (If Available) _____


Person Making Request _____

Date of Request _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Assembly Side - Set-Up "B")**
(Not to Scale)



 = Table

 = Chair

Organization _____
 Contact Person _____
 Start Time of Use _____

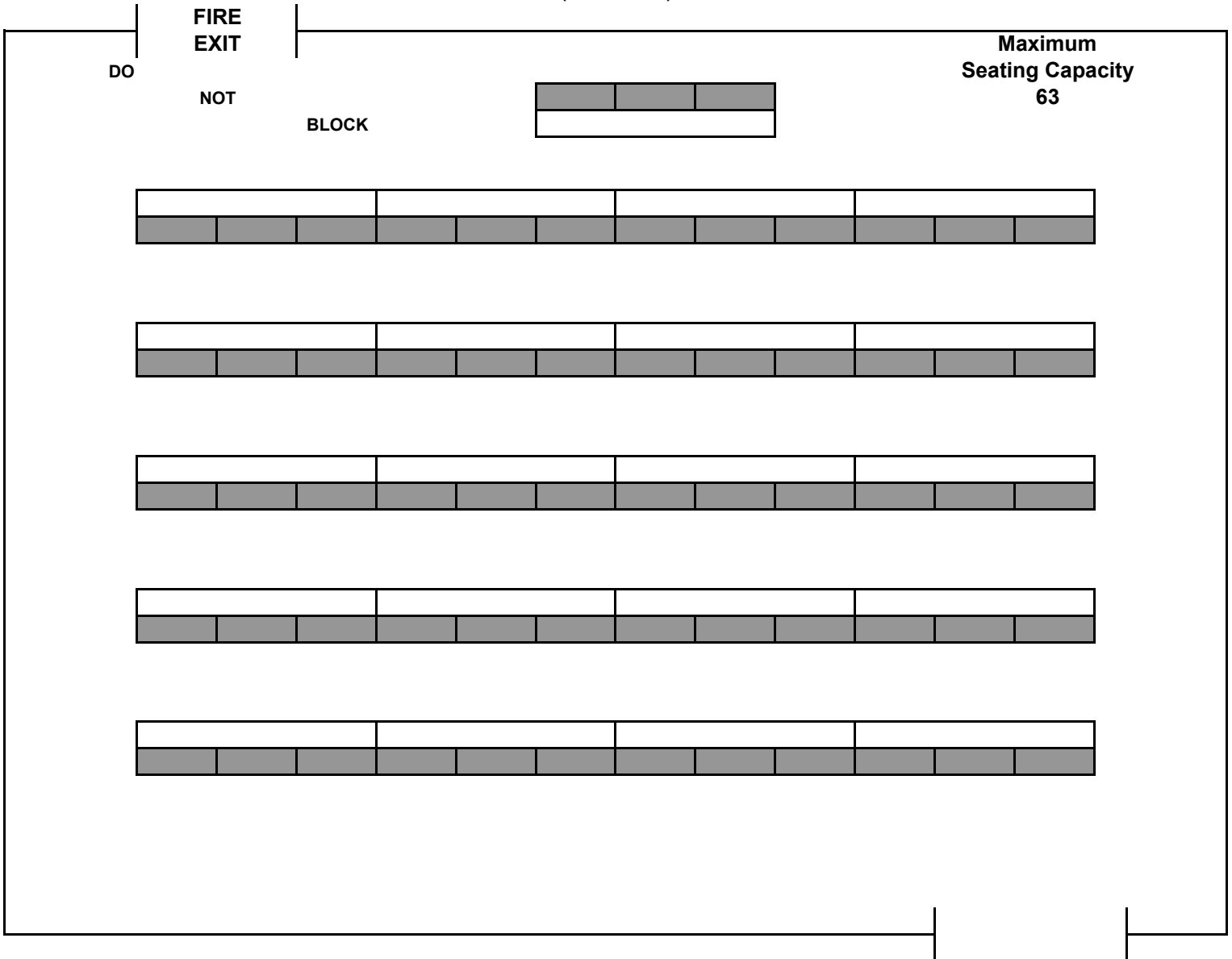
Requested Date of Use _____
 Telephone Number _____
 End Time of Use _____

Request That Partition Between Rooms Be Closed Yes _____ No _____

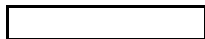
Additional Equipment Needed (If Available) _____

Person Making Request _____ Date of Request _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Assembly Side - Set-Up "C")**
(Not to Scale)



Hallway

 = Table

 = Chair

Organization _____

Requested Date of Use _____

Contact Person _____

Telephone Number _____

Start Time of Use _____

End Time of Use _____

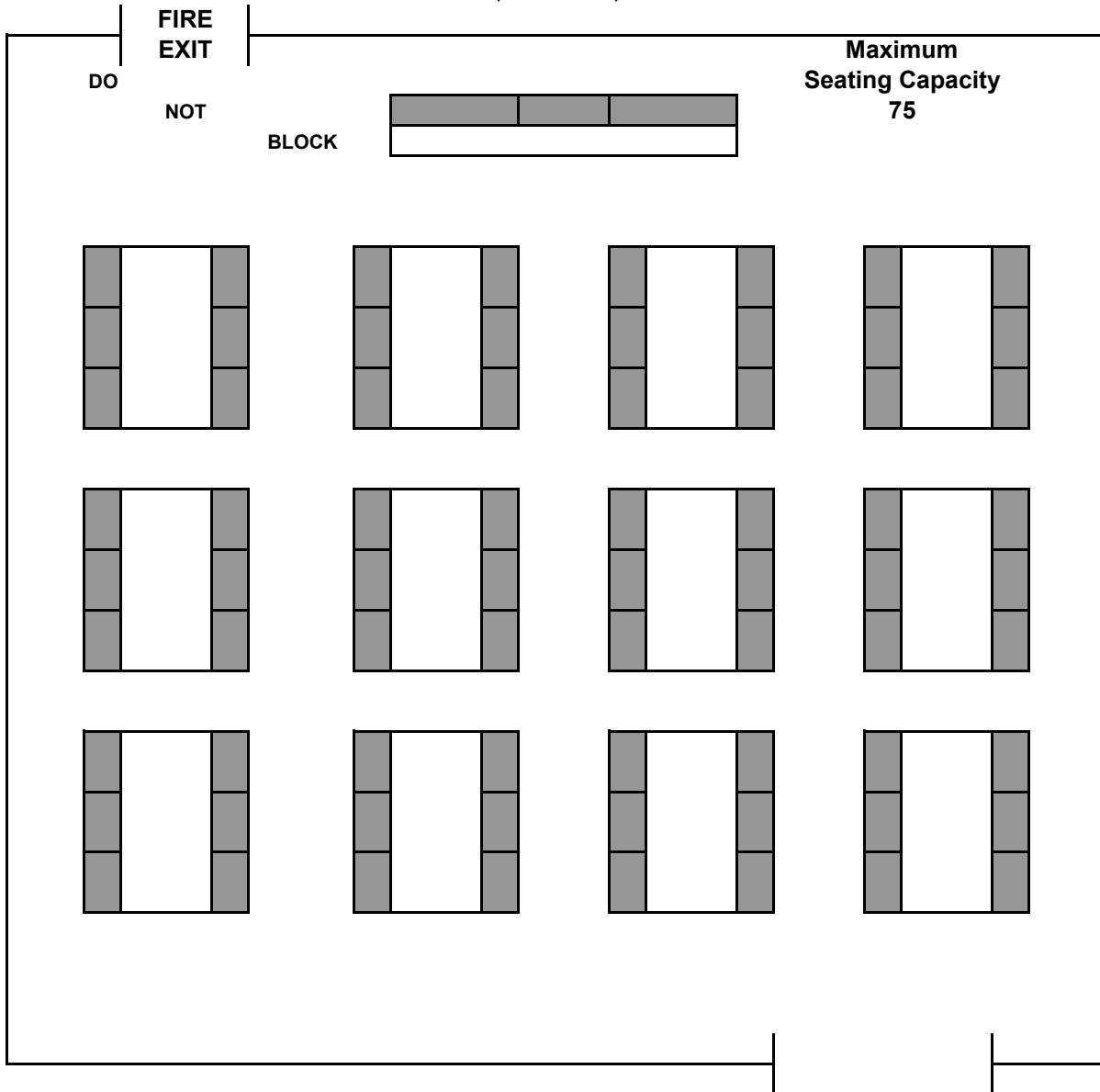
Request That Partition Between Rooms Be Closed Yes _____ No _____

Additional Equipment Needed (If Available) _____

Person Making Request _____

Date of Request _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Assembly Side - Set-Up "D")**
(Not to Scale)



Hallway



= Table



= Chair

Organization _____

Requested Date of Use _____

Contact Person _____

Telephone Number _____

Start Time of Use _____

End Time of Use _____

Request That Partition Between Rooms Be Closed

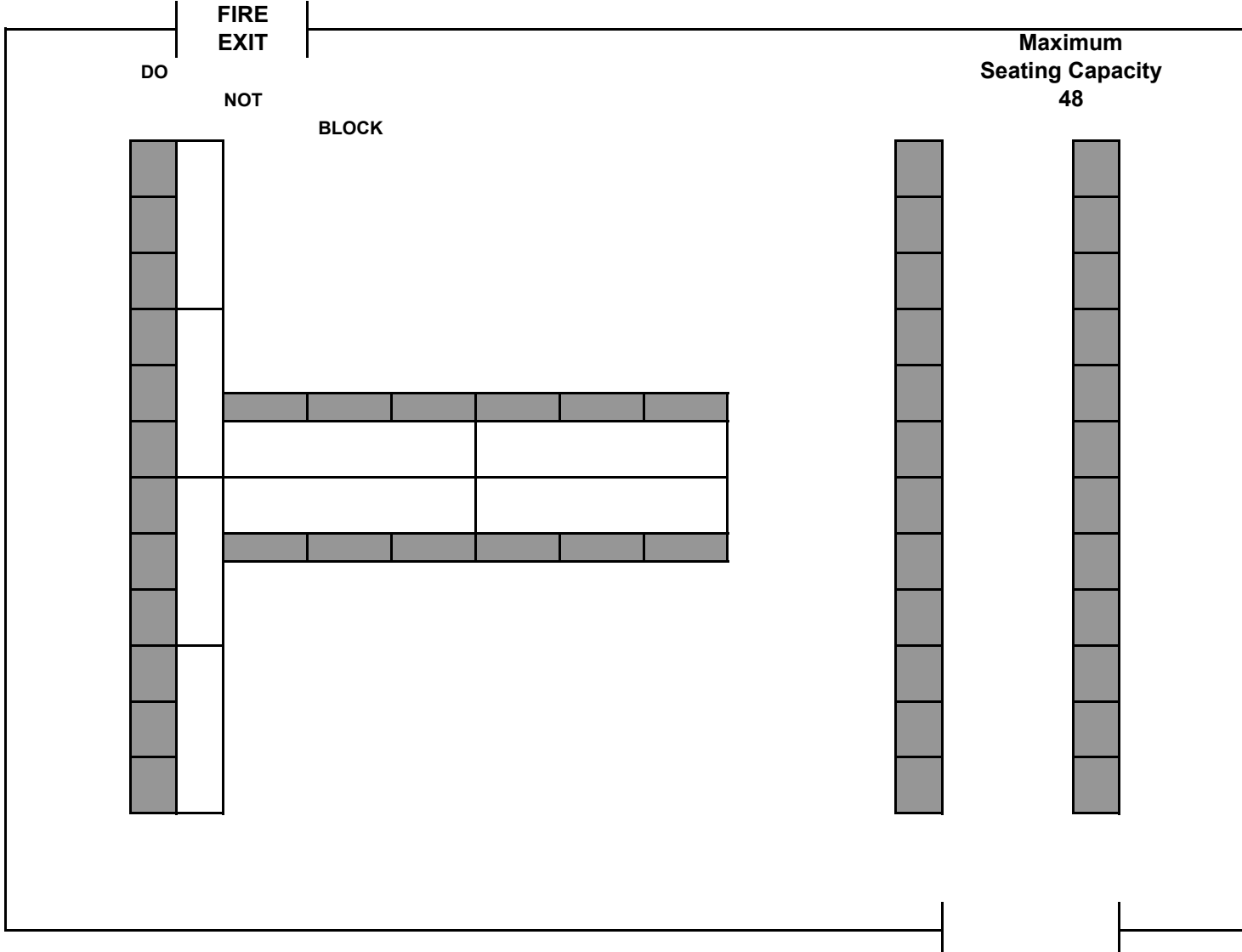
Yes _____ No _____

Additional Equipment Needed (If Available) _____

Person Making Request _____

Date of Request _____

REQUESTED ROOM SET-UP OF THE ROUTE 12 ASSEMBLY ROOM (Assembly Side - Set-Up "E") (Not to Scale)



= Table

= Chair

Organization _____

Requested Date of Use _____

Contact Person _____

Telephone Number _____

Start Time of Use _____

End Time of Use _____

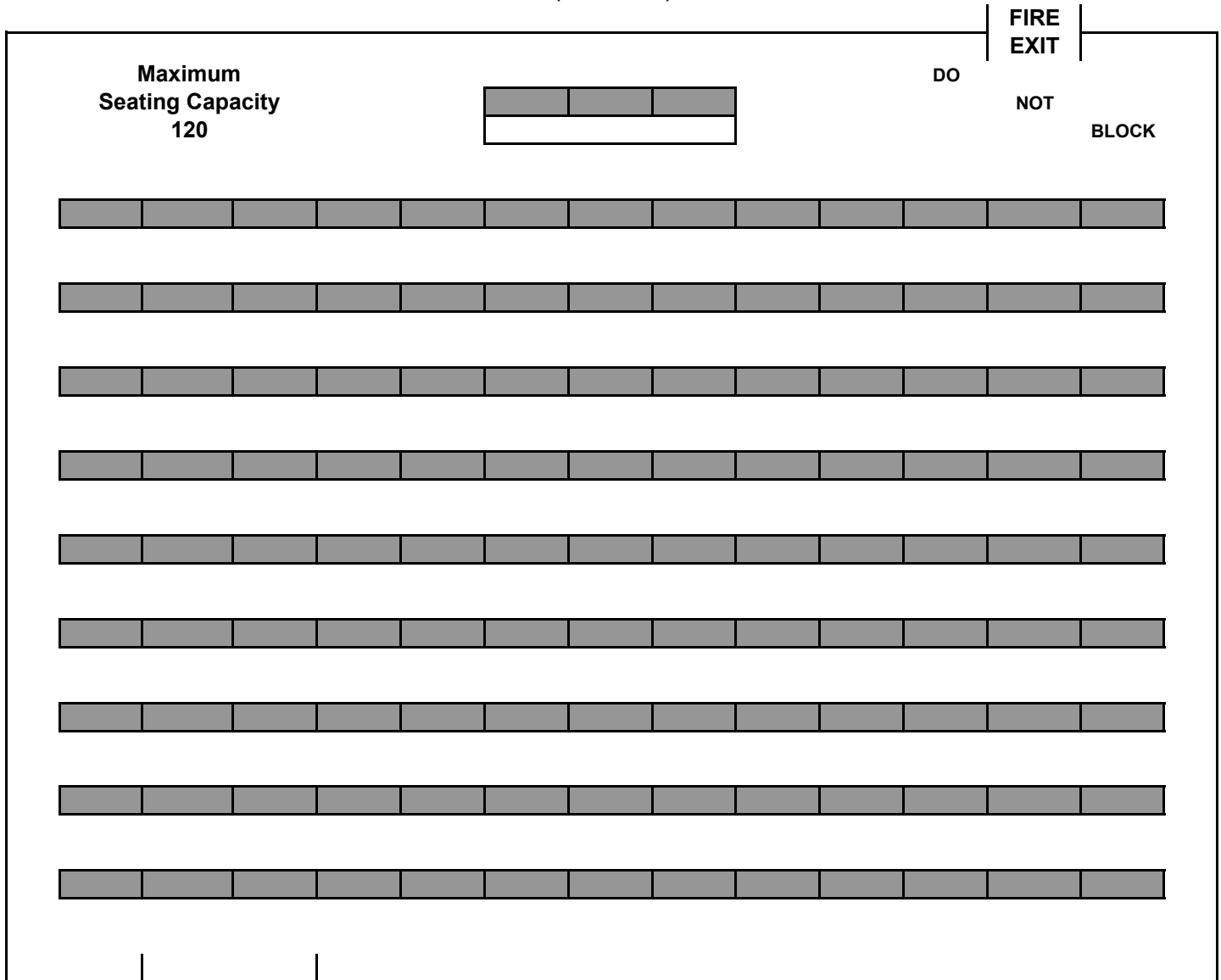
Request That Partition Between Rooms Be Closed Yes _____ No _____

Additional Equipment Needed (If Available) _____

Person Making Request _____

Date of Request _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Kitchen Side - Set-Up "A")
(Not to Scale)**



Maximum Seating Capacity
120

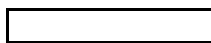
DO

FIRE
EXIT

NOT

BLOCK

Hallway

 = Table

 = Chair

Organization _____

Requested Date of Use _____

Contact Person _____

Telephone Number _____

Start Time of Use _____

End Time of Use _____

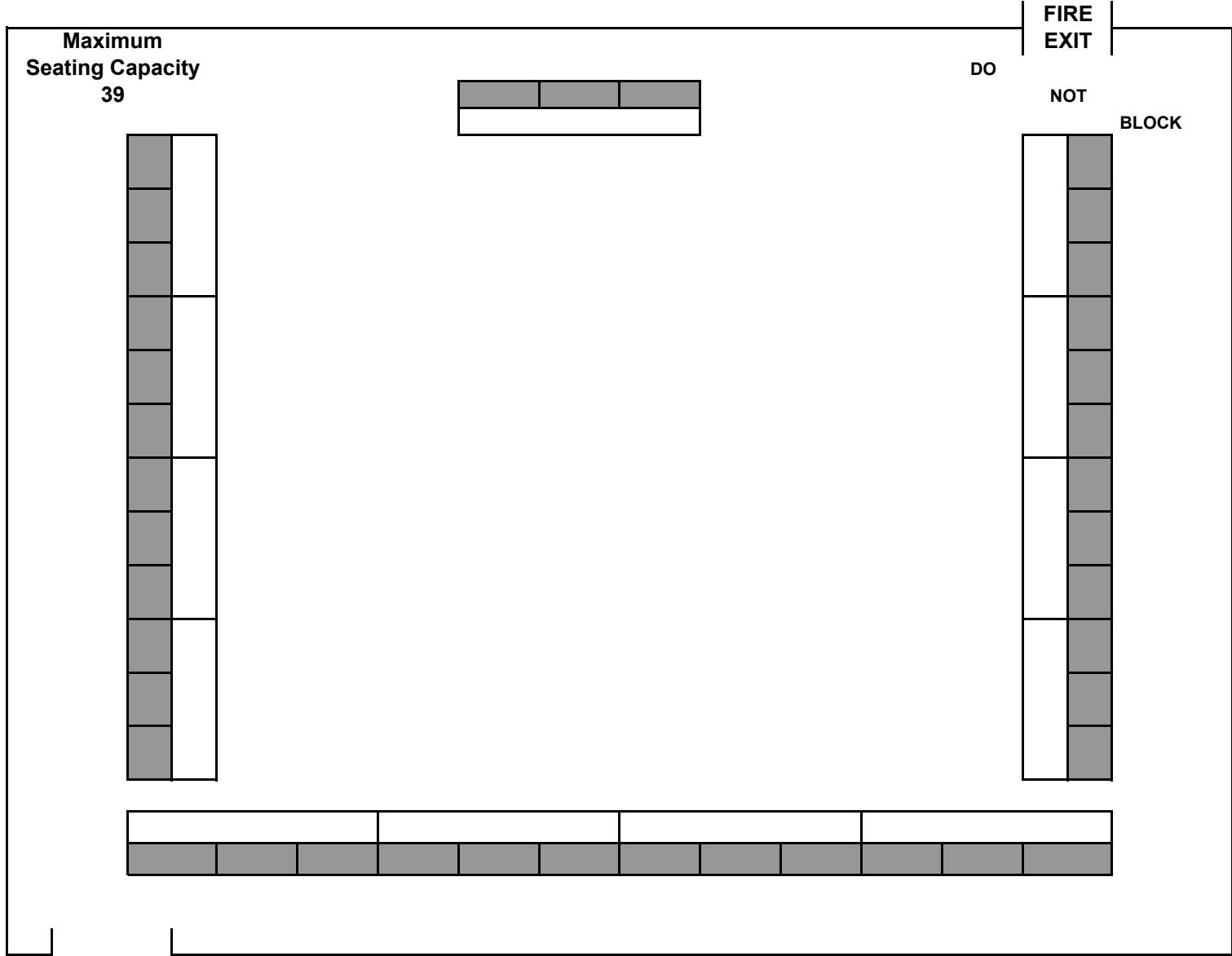
Request That Partition Between Rooms Be Closed Yes _____ No _____

Additional Equipment Needed (If Available) _____


Person Making Request _____


Date of Request _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Kitchen Side - Set-Up "B")**
(Not to Scale)



Hallway

 = Table

 = Chair

Organization _____

Requested Date of Use _____

Contact Person _____

Telephone Number _____

Start Time of Use _____

End Time of Use _____



Request That Partition Between Rooms Be Closed Yes _____ No _____

Additional Equipment Needed (If Available) _____


Person Making Request _____

Date of Request _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Kitchen Side - Set-Up "C")
(Not to Scale)**

<p>Maximum Seating Capacity 63</p>		DO	NOT	FIRE EXIT BLOCK
				

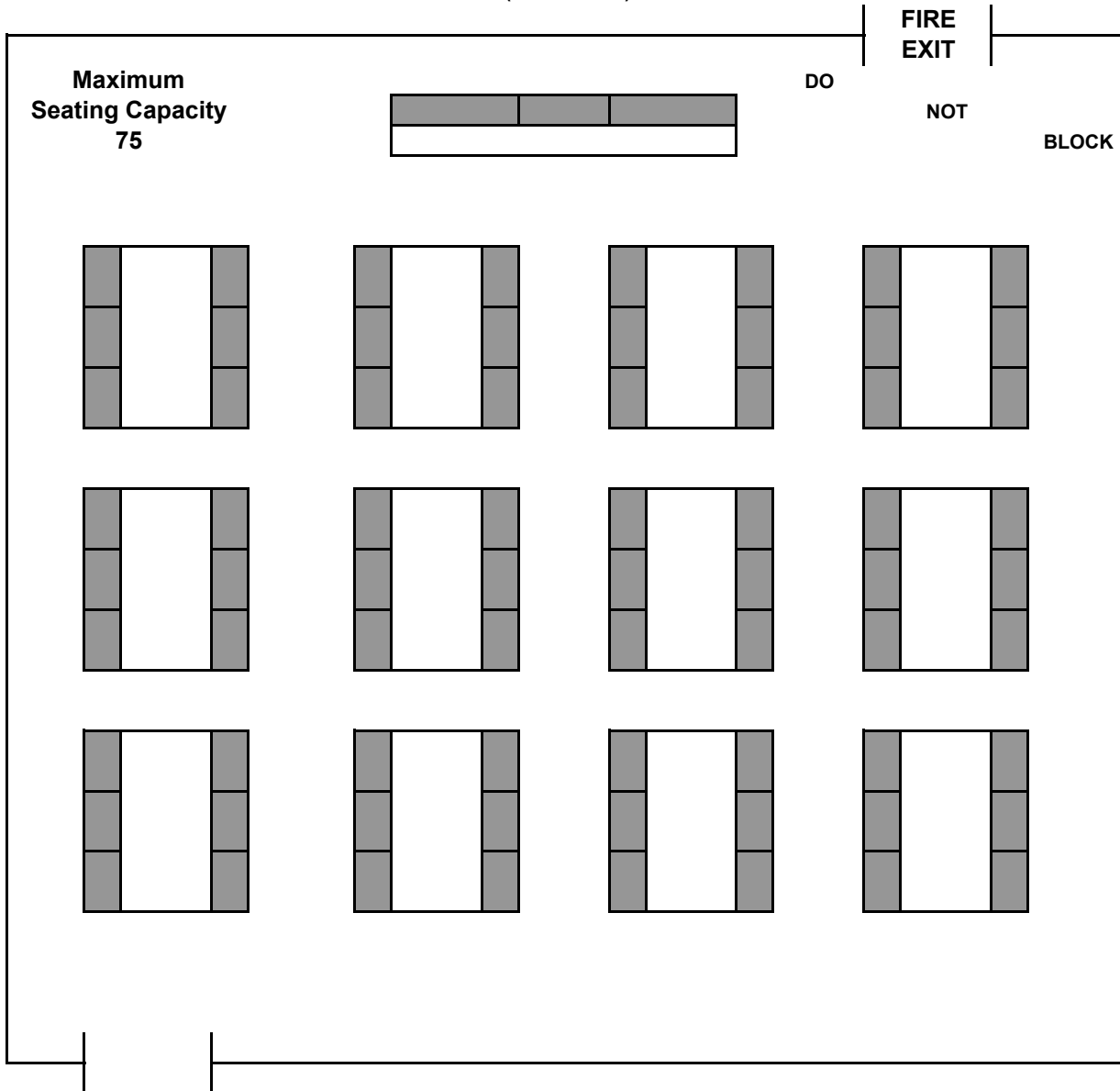
Hallway

 = Table

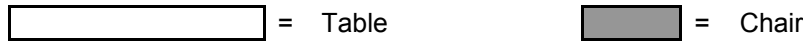
 = Chair

Organization _____	Requested Date of Use _____
Contact Person _____	Telephone Number _____
Start Time of Use _____	End Time of Use _____
Request That Partition Between Rooms Be Closed	
Yes _____	No _____
Additional Equipment Needed (If Available) _____	
Person Making Request _____	Date of Request _____

**REQUESTED ROOM SET-UP
OF THE
ROUTE 12 ASSEMBLY ROOM (Kitchen Side - Set-Up "D")**
(Not to Scale)



Hallway



Organization _____ Requested Date of Use _____
 Contact Person _____ Telephone Number _____
 Start Time of Use _____ End Time of Use _____
 Request That Partition Between Rooms Be Closed Yes _____ No _____
 Additional Equipment Needed (If Available) _____
 Person Making Request _____ Date of Request _____