

| <b>APPLICATION FOR BUILDING USE: LEGISLATIVE BUILDING/SPACE</b>  |  |   |  |
|--|--|---|--|
| <b>PART A: TO BE COMPLETED BY APPLICANT</b>  |  |   |  |
| Name of Group/Organization   |  | Telephone # of Group  |  |
| Address (Number and Street)  | Town or Village & Zip  | County  |  |
| Contact Person   |  | Contact E-mail Address  |  |
| Contact Person's Phone #'s   |  |   |  |
| Equipment Requested<br>(Please check all that apply.)  | <input type="checkbox"/> Easels<br><input type="checkbox"/> Flags<br><input type="checkbox"/> Podium<br><input type="checkbox"/> Polycom Phone | <input type="checkbox"/> Sound System<br><input type="checkbox"/> Projector/Screen - (a separate form is required for presentations.) | <input type="checkbox"/> Photographer<br><input type="checkbox"/> Video<br><input type="checkbox"/> Other: |
| Nature of Event (describe in detail):  |  |   |  |
| # of Attendees?  | <b>Space Requested</b>   |   |  |
|  | <input type="checkbox"/> Lobby   | <input type="checkbox"/> Rose Y. Caracappa Auditorium (H)<br><input type="checkbox"/> Maxine S. Postal Auditorium (R)                 | <input type="checkbox"/> Conference Room   |
|  | <input type="checkbox"/> Large Conference Room   |   | <input type="checkbox"/> Front of Building   |
| Date/Time Requested  | From: (Month, Date, Hour)<br>a.m.<br>p.m.  | To: (Month, Date, Hour)<br>a.m.<br>p.m.   |  |
| If recurring event please indicate future dates:   |  | Is meeting open to the public? Yes or No<br><br>Place on Weekly Calendar? Yes or No   |  |
| <b>Certificate of Insurance Required for Non-County Agencies</b>   |  |   |  |
| This application shall be accompanied by a Certificate of Insurance evidencing Commercial General Liability Insurance with a minimum limit of One Million Dollars (\$1,000,000) per occurrence combined single limit for bodily injury and property damage with the County of Suffolk named as an additional insured. The Suffolk County Legislature may accept or reject insurance certificates as it may determine and may require other limits and/or coverage in specific instances.   |  |   |  |
| <b>Certificate Received? Yes or No or Waiver Submitted</b>   |  |   |  |
| <b>Hold Harmless Agreement</b>   |  |   |  |
| The applicant agrees to indemnify and hold harmless the County of Suffolk, its employees, officers, agents, or any other persons acting on its behalf, against loss or expense, including attorney's fees, except in cases of the County's negligence, for damage because of bodily injury including death at any time resulting therefrom, sustained by any person or persons; or on account of damage to property arising out of or in consequence of the use of property covered by this agreement, whether such injuries to persons or damage to property. |  |   |  |
| <i>Note: There are to be NO politically-related activities or signage on County property at any time.</i>  |  |   |  |
| <b>PART B: CERTIFICATION OF APPLICANT</b>  |  |   |  |
| As a duly authorized representative of the group or organization named in this application, I have read and agree to abide by the above rules.   |  |   |  |
| Signature of Applicant   |  | Print Name of Applicant   |  |
| <b>THIS SPACE IS FOR OFFICE USE ONLY</b>   |  |   |  |
| Date Received:   | Is Site/Location Available? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| Approval of<br>Clerk or Chief Deputy Clerk   |  |   |  |
| Approval of<br>Presiding Officer or Chief of Staff   |  |   |  |

Please return completed, signed form to:

Suffolk County Clerk of the Legislature, P.O. Box 6100, Hauppauge, NY 11788 via mail or scan & e-mail to [web.legislature@suffolkcountyny.gov](mailto:web.legislature@suffolkcountyny.gov) or fax to (631)853-4899.