

BREVARD COUNTY GOVERNMENT CENTERS MEETING ROOM RESERVATION FORM



BOARD OF COUNTY COMMISSIONERS

Date Submitted: _____

Meeting Room (Location/Max Capacity) (check one/multiple):

- ☐ Commission Room (Viera/200) ☐ Florida Room (Viera/92) ☐ Space Coast Room (Viera/75)
☐ Atlantic Room (Viera/35) ☐ Brevard Room (Titusville/125)

Requested by (check one): ☐ Government Organization ☐ Non-profit ☐ Individual ☐ For-profit

Applicant Name: _____ Driver's License #: _____

Authorized Representative/Contact: _____

Address: _____

Phone: _____ Email: _____

Date(s)/Time(s) Requested: _____ Anticipated # of hours needed: _____

Title of Program/Event: _____ Anticipated # of attendees: _____

Description of Program/Event: _____

☐ The attached Waiver of Liability and Hold Harmless Agreement has been filled out.

Unless otherwise permitted by Board Policy BCC-56, Applicant acknowledges that this Program/Event will be free and no charges/fees will be solicited or collected from attendees.

BREVARD COUNTY USE ONLY

☐ Approved: _____ / _____ Date: _____

Print Name/Signature

Meeting Room Location(s) and Date(s) Reserved: _____

☐ The Waiver of Liability and Hold Harmless Agreement has been filled out.

Program/Event qualifies as a **Special Event** under Section 10-27, Brevard County Code: ☐ Yes ☐ No

**IF YES, THEN THIS FORM SHALL BE DISAPPROVED AND THE APPLICANT MUST
FILE A SPECIAL EVENT PERMIT APPLICATION WITH THE BREVARD COUNTY
PLANNING AND DEVELOPMENT DEPARTMENT**

Deposit collected: ☐ Yes ☐ No

☐ Disapproved: _____ / _____ Date: _____

Print Name/Signature

**FULLY EXECUTED RESERVATION FORM SHALL BE SENT ELECTRONICALLY TO THE
APPLICANT'S EMAIL LISTED ABOVE**