Applied: _____
(Date)

Approved: _____
(Date)

BLOCK PARTY APPLICATION

Name: _____

Address: _____

Desired Date: _____

Rain Date: _____

Time Frame: between _____and _____

Block Streets: _____

between _____ and _____

The conditions are:

- No alcohol will be on public/township property.
- Music will be played at a level as not to bother the rest of the neighborhood.
- No moon bounce or air supported play structures will be on township property.
- Reflective barricades will be provided by the Public Works Department for the event, which will be used as per the request. *(Please prepare a drawing/site-plan showing your street and indicating where it will be blocked off.)*
- You will be responsible for posting the "No Parking" signs.
- The street must be blocked off as per the attached memo from the Chief of Police.
- You will notify all residents in the area to be blocked off that the street will be closed during the noted hours with NO EXCEPTIONS. *(Please have all your neighbors in the area to be blocked sign off that they are aware.)*
- ***NOTE: The street will not be blocked with anything that cannot be readily and immediately removed for emergency vehicles.***

cc: Mayor and Township Council
Chief of Police
Public Works

Revised: Sept. 2014