City of Reynoldsburg
Department of Public Safety
Division of Police

# BLOCK PARTY APPLICATION

Organization_____

Name of Applicant_____

Address_____ Phone _____

Date of Block Party_____ From _____am/pm To _____ am/pm

Street(s) to be used_____

_____

Applicant shall obtain a signed petition from all persons to be effected by the closing of any street or highway indicating their approval. Said petition must be returned with this application thirty (30) days prior to the event. Applicant shall be responsible for the blocking of any street at the time of the event and it must conform to State standards covering closing of streets or highways. You may contact the Street Department at 322-5800 for street barricades. Applicant should bear in mind the entrance of emergency vehicles while planning the event.

I understand that the above named organization shall be held strictly responsible for damage to persons or property resulting from said Block Party.

Signature of Applicant_____ Date_____

| SIGNATURE | PRINT NAME | ADDRESS |
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