Application for a Block Party



Alternate Date of Party

George T. Darany, City Clerk City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126 313-943-2010

| No. | Date of Party | | | |
|---|---|---|--|--|
| Alternate Date_ | | te | | |
| | Start time: | End time: | | |
| NAME OF SPONSOR: | | | | |
| ADDRESS: | TELEPHONE NUMBER: | _ TELEPHONE NUMBER: | | |
| CROSS STREETS OF BLOCK PARTY | / – LIST STREETS TO BE BARRIC. | ADED: | | |
| The City Clerk's Office has established the | e following policy regarding Neighborho | od Block Parties: | | |
| A block party application must be first party and was a petition with at least 50% of the submitted for the first party and was years thereafter. YOU MUST OBTA The City Clerk's Office must receive block party date. Late notifications Barricades issued by the Department of the sponsor will be responsible for \$60.00 per barricade if the barricade Barricades will be delivered to you business days after the event. Ple | e your block party application at least 7 | rea to be blocked off must be ion will be required every two 2 hours prior to the scheduled cure the streets. The sponsor will be charged ed. They will be picked up 1-2 nent, unless it is trash pick up | | |
| Pursuant to City of Dearborn Ordinance 1 Parties, I HEREBY SWEAR AND CONF Parties. | | | | |
| RELEASE AND HOLD HARMLESS AGRE | EEMENT: | | | |
| The applicant agrees to indemnify and holosses or actions at law arising from this a READ AND UNDERSTANDS THE ABOVE | ctivity caused by the applicant, guests | | | |
| Signature of Applicant | Date | | | |

of Barricades Needed



CITY OF DEARBORN CITY CLERK'S OFFICE BLOCK PARTY PETITION

(Valid for one year from____)

BLOCK PARTY LOCATION:_____

| SPO | SNC | SOR'S NAME: | | |
|------------|---------------|---|-----------------------------------|--------------------------------|
| SPO | SNC | OR'S TELEPHONE NUMBE | R: | |
| The imn | e blo nedi | ock party sponsor must obta ate area of the block party. | ain the signatures of at least 50 | 0% of the residents in the |
| | | Resident's Name | Resident's Address | Resident's Telephone number |
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