



**ANDERSON TOWNSHIP
BLOCK PARTY NOTICE**

We have received your request to have a block party on: _____ Or _____
(Date) (Rain Date)

Beginning at: _____ and ending no later than: _____.

Location: _____ to _____
(Beginning Address) (Ending Address)

Additional Information: _____

Block Party Organizer Contact Information:

Name: _____

Address: _____

Home Phone: _____ and/or Cell Phone: _____

Block Party Parade: *If not on an emergency call...*

Is a Sheriff's Officer requested to pay a friendly visit and/or lead neighborhood parade? Yes No

Is a Fire Truck requested if not on an emergency call? Yes No

Permission is hereby given to this party with the following standard conditions:

Barricades or other obstructions placed in the street must be of a type that can be removed easily and readily by a designated individual to provide access for emergency vehicles and residents significantly inconvenienced. Traffic safety cones may be borrowed from the Public Works Department and may be picked up at the Township's Operation Center located at 7954 Beechmont Ave., Monday through Thursday between the hours of 8:00 am to 4:00 pm. We request that traffic safety cones be picked up on the last business day before your event and returned the following business day and

All barricades (and tables, chairs, people, garbage, etc.) must be removed from the street before it gets dark so that they do not become a danger to drivers or participants. We would also encourage your group to be considerate of those living nearby who may not choose to participate in the party.

Public Works Dept.: Initial and date when barricades are picked up: _____

Public Works Dept.: Initial and date when barricades are returned: _____

I certify that I have read the Block Party information above and agree to abide the restrictions.

Signature of Applicant: _____ Date: _____
(Type Name)

TOWNSHIP USE ONLY:

Indicate response by circling Yes or No

Permit Reviewed: Yes No _____ Comments: _____

Richard Shelley, Director of Public Works

C: Corporal Dave Boiman Permit Reviewed Yes No Comments: _____

Battalion Chief Rick Martin Permit Reviewed Yes No Comments: _____

Please return completed form by e-mail bcampbell@andersontownship.org or fax to: 513-231-3970 Attn: Public Works