CLOVIS POLICE DEPARTMENT BLOCK PARTY APPLICATION

Responsible Party

Name:_____ Phone:_____

Address:_____ Date of Application:_____

Date of Proposed Block Party:_____ Proposed Hours of Street Closure:_____

Conditions For Approval

- Consumption of alcoholic beverages is restricted to private property. It is prohibited in public streets or public right of ways (CMC:5-8.02).
- The application must be submitted to the Police Department 14 days prior to the proposed block party date.
- The above-named person is responsible for the placement and removal of barricades and "policing" of all right-of-way areas prior to the removal of the barricades.
- The request for the Block Party must be signed by <u>all</u> neighbors living within the proposed barricaded area.
- The barricading or closing of a street must not create a major traffic circulation problem.
- Only cul-de-sacs and neighborhood streets with more than one access can be used for this type of activity.
- A responsible adult must supervise all activities and be present in, or about, the right-of-way during all hours of closure.

Your signature below signifies your agreement to abide by the above conditions. Any violations of these conditions could be cause for the event to be shut down by an on-duty police supervisor in the interest of public safety and welfare.

Signature of Responsible Party:_____Date_____

SIGNATURES AND ADDRESSES OF ALL NEIGHBORS WITHIN THE BARRICADED AREA

Printed Name	Address	Signature	Date

If more spaces are needed, please use the reverse side. You must attach a diagram of the proposed street closure to include streets, street names, and proposed placement of barricades. A clearly marked Google map will be sufficient.

For internal use only

Approved by Neighborhood Services on: _____ by: _____

*For Review: Traffic Engineering and NS. Upon approval, send a copy via email to: Dispatch, WC, Beat Corporal, Streets Supervisor and Lead worker.