

DISPATCH _____
 FIRE _____
 PUBLIC WORKS _____
 WATCH COMNDR _____
 BEAT OFFICER _____
 REPORTING DISTRICT _____

BLOCK PARTY APPLICATION
 CLOVIS POLICE DEPARTMENT

Responsible Party

Name: _____ Phone: _____

Address: _____ Date of Application: _____

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

- 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 seven 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 all 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 restriction.

Signature of Responsible Party: _____ Date _____

* * * * *

SIGNATURES AND ADDRESSES OF ALL NEIGHBORS WITHIN THE BARRICADED AREA

Signature & Address

Signature & Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If more space is needed, please use the reverse side.

* * * * *

DIAGRAM OF PROPOSED AREA TO BE BARRICADED

Include streets; street names; homes, with addresses; and proposed placement of barricades.

If more space is needed for the diagram, please use the reverse side.

Inspecting Officer
 Signature: _____ Date _____

Chief of Police
 Signature _____ Date _____