



ANDERSON TOWNSHIP BLOCK PARTY NOTICE

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

Beginning time: _____ and ending time is no later than: _____

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

Additional Information: _____

Block Party Organizer Contact information:

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Block Party Attendance Request for Fire Dept. and/or Sheriff's Office:

Is a Sheriff's Unit requested to pay a friendly visit and/or lead neighborhood parade? Yes ☐ No ☐ Time: _____

Is a Fire Truck requested? Yes ☐ No ☐ Time: _____

Please be advised that responses by the Sheriff's Office and/or Fire Department is dependent on availability of shift units even though a request is scheduled with a date & time.

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.

All barricades (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 outlined.

Signature of Applicant: _____ Date: _____

TOWNSHIP USE ONLY:

I have reviewed Block Party Notice:

Eric Luginbuhl, Director of Public Works Comments: _____

Deputy Jacquelyne Campbell, HCSO Comments: _____

Asst. Fire Chief Bob Herrlinger, ATFD Comments: _____

Please return completed, signed form by e-mail: mhobbs@andersontownshipoh.gov or fax: 513-231-3970 Attn: Public Works