

BLOCK PARTY/TEMPORARY STREET CLOSURE APPLICATION

Street closures in the Village of South Elgin are approved pursuant to Title IX, Section 94 of the Village Code of Ordinances (Temporary Street Closures). Applications must be approved 30 days prior to event date.

SECTION A: EVENT DETAILS AND PERSON-IN-CHARGE INFORMATION

| Event Address: | | | | |
|-----------------------------------|--|---------------------|----------------|-------|
| | (Describe street, block or interse | ction to be closed) | | |
| Date of Event: | Between the hours of | :am/pm | n and | am/pm |
| Rain Date (if applicable): | Estimated Numb | er of Participants | | |
| If sound amplification equipme | ent will be used, please describe: | | | |
| Will charity, gratuity or offerin | gs be sold, please describe: | | | |
| Applicant Name: | | | | |
| Address: | | | | |
| Home Phone: | Cell Phone: | Email: | | |
| | N OF BARRICADES partment will provide residents loa Municipal Annex, 1 W. State Street | | • | |
| Pick Up Date: | Return Date: | No. of Barrica | des Requested: | |
| SECTION C: POLICE DEPARTM | ENT AND FIRE DISTRICT | | | |
| Parks and Recreation Staff will | inform Police and Fire District of ev | vent details. | | |
| Assigned Reviewer Name and | Date for PD: | | | |
| Assigned Reviewer Name and | Date for FD: | | | |
| SECTION D: ACKNOWLEDGEM | ENT AND SIGNATURE | | | |

I the undersigned have contacted all residents immediately adjacent to the streets and parkways to be used for the event and have received no objections. I understand that in the event of an objection, the party will be cancelled or terminated. (Attached to this application is a signature sheet for all affected residents of the street – this signature must be returned with the application).

I further understand that I will be responsible for the removal of any litter caused by the event; damage to loaned barricades and that drinking alcoholic beverages on Village streets is prohibited.

| Signature: | Date: | | | |
|----------------|--------------|---------------------|--|----------------------------------|
| | | | | |
| | | For Office Use Only | | |
| Date Received: | Approved by: | Chief of Police | | Director of Parks and Recreation |

BLOCK PARTY/TEMPORARY STREET CLOSURE APPLICATION ADDENDUM

By signing this application addendum, I/we are confirming that we have been notified of the request to close the street on the day and times noted on the application and have no objection to the closure. We also understand that as a participant of the event we are agreeing to abide by all policies and ordinances of the Village of South Elgin.

| Resident Name (printed) | Resident Address | Resident Signature |
|-------------------------|------------------|--------------------|
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