

OFFICE USE:

Date: _____

Check # _____

FEE \$25.00

By: _____

**Must be submitted minimum of 45 days prior to event*



Block Party Application

Party Location: _____

Applicant: _____

Streets to Barricade: _____

Phone Number: _____ Email: _____

Date of Party: _____

Timeframe (max: 9 AM to Dusk): _____

Expected Participants Attending: _____

The City of Lodi reserves the right to approve, modify or deny requests for a block party that may compromise public safety. The City of Lodi assumes no liability as a result of any block party actions and/or activities.

I, _____ (print name) have read, reviewed and am aware of the City of Lodi rules and regulations governing the allowance of block parties. I agree to abide by said rules.

Primary Contact Signature: _____

Date (required 45 days prior to event): _____

Secondary Contact Name: _____

Secondary Contact Phone Number: _____

Reviewed by Director of Operations

Reviewed by Police Chief

Consideration of Common Council - Date: _____ Approve Deny

Special Conditions to Note: _____
