SCOTCH PLAINS POLICE DEPARTMENT APPLICATION FOR STREET CLOSING-BLOCK PARTY

STREET TO BE BLOCKED:

_____

FROM WHERE TO WHERE: Indicate Intersection and/or House Numbers:

FROM: _____ **TO**: _____

DATE:	**Time: - From:**	**To:**
Rain Date (if applicable):	**Time: - From:**	**To:**
APPLICANT'S NAME (Please Print):		
Address:		
Home/Mobile Phone:	**EMAIL ADDRESS:**	

I agree to be responsible for picking up and returning to the DPW all barricades needed to safely block off our street. I agree to pick up all barricades the day before the event and return them in the same condition on the following business day after the event by 3:00 PM.

Signed: _____Date:_____
(Applicants Signature)

RULES: APPLICATION TO BE SUBMITTED FOURTEEN (14) DAYS BEFORE THE EVENT

1. **It is the responsibility of the applicant to submit page two of this application, containing *original signatures of all residents* contained within the boundaries of the intended block party/street closing. This is to insure all residents concerned have been contacted and are aware of the party/closure.**

2. **Arrangements for barricades must be obtained by calling the Department of Public Works at 908-322-6700 Ext. 243 or 244, during normal business hours. At least four barricades must be obtained.**

3. **One side of the street, inside barricaded area must be left open for passage of emergency vehicles.**

4. **Any complaints received that cannot be resolved shall result in the Block Party being closed.**

5. **If the request is approved, a letter from the Chief's office will be emailed to you authorizing the closing of the street. If denied, we shall notify you by phone.**

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TRAFFIC BUREAU	**CHIEF OF POLICE**	***Check if you would like the PD, FD or Rescue Squad to stop by:**
Approved( ) Denied ( ) By:	Approved ( ) Denied ( ) By:	**(**) POLICE DEPT **(**) FIRE DEPT **(**) RESCUE SQUAD Time:

I HEARBY INDICATE BY MY SIGNATURE BELOW THAT I HAVE BEEN MADE AWARE OF A BLOCK PARTY/STREET CLOSING TO BE HELD ON _____ DURNG THE HOURS OF _____AM/PM and _____PM. THE STREET KNOWN AS _____ SHALL BE BLOCKED OFF BETWEEN _____ AND _____.

(Date) (# or Street) (# or Street)

NAME (PLEASE SIGN)	**ADDRESS**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____

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14. _____ _____

15. _____ _____

(IF MORE ROOM IS NEEDED USE REVERSE SIDE)