BLOCK PARTY REQUEST

Date Requested _____

1. Sidewalks or parkways may be used, however, no nets, etc. are allowed across the street. Through streets are evaluated on a case-by-case basis. Critical thoroughfares may result in denial.
2. Block parties may block cul-de-sacs or dead end streets. Blockades must be portable. Emergency vehicles must have immediate access.
3. All residents on the street must be invited to or be in agreement to the party.
4. Just one (1) person must be in charge. Name, address and telephone number must be supplied to the Police Department. The telephone number must be manned at all times.
5. Party is subject to laws (i.e. loud music, disorderly conduct). If a complaint is received regarding minor violations, the Police Department will notify the person in charge with a warning by telephone. If a second complaint or serious violation is received and verified by an officer, you will be requested to have the party disband and/or moved inside.
6. **Party must be off the street by dark.**
7. Block parties are only authorized by the Chief of Police or his designee.
8. When the resident requests barricades on this form, the Police Department will forward a copy of the approved block party request to Public Works. **The Police Department does not guarantee the placement of barricades and accepts no responsibility for the roads being barricaded.**
9. When the resident requests the Police or Fire department to visit the block party, they must check the box at the bottom. **The resident must contact the Fire Department directly at 630-837-3701.**
10. **The person in charge (listed below) is responsible for clean up of the area after the block party. ALL DEBRIS MUST BE REMOVED AT THE END OF THE BLOCK PARTY.**
11. The following information must be completed and will be kept on file at the Police Department.

_____

Last Name First Name Street Address

_____

Street location of block party Date of block party

_____

Telephone Number (must be manned during block party)

Barricades requested: **Yes _____** **No _____** **Time Requested _____**

Police/Fire Dept. Visit: **Yes ☐** **No ☐** **Time Requested _____**

_____

Date Approved **Signature of Chief/Designee**

_____

Date Denied **Signature of Chief/Designee**

_____

Reason for denial

Copy: Police Department (Sergeant's Office) Resident Public Works