

BLENDON TOWNSHIP

REQUEST FOR BLOCK PARTY  
(Read Instructions on reverse side before filling out)

Date of Application \_\_\_\_\_

We are requesting approval to block \_\_\_\_\_ to through vehicular traffic between  
\_\_\_\_\_ Street and \_\_\_\_\_ Street  
Street Street

On \_\_\_\_\_ Day \_\_\_\_\_ Date for the purpose of conducting a block party.

The street will be closed from \_\_\_\_\_ to \_\_\_\_\_.

Number of homeowners in blocked off area affected \_\_\_\_\_.

All residents in the area have been contacted by \_\_\_\_\_ and do not object.

Person making request and deposit: \_\_\_\_\_  
(An approved copy will be mailed to the person requesting the permit)

Deposit Paid \_\_\_\_\_ Address: \_\_\_\_\_  
Street Zip code

Phone # \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

There will be entertainment in the form of \_\_\_\_\_

Number of expected participants: \_\_\_\_\_

Cones requested for blocking? \_\_\_\_\_

## INSTRUCTIONS

1. This request is to be submitted at least 10 days prior to the requested date to the Office of the Township Administrator.
2. For approval, a minimum of 90% of the homeowners on the streets to be closed, must favor this request after they have knowledge of any forms of entertainment to be used and the amount of people to be present.
3. The street shall be at all times accessible to emergency vehicles.
4. Permits shall terminate at 12:00 midnight and blockades shall be removed and people will be out of the street.
5. This permit is subject to revocation anytime during its operation when 5 or more complaints are received.
6. **A deposit of \$25.00 will be made and will be forfeitable upon breach of any of the conditions agreed hereto or for any damages.**
7. This request is for a block party, i.e., for the block, not for a particular class or group within or without the block.
8. All Music or noise above normal conversations shall cease at 9:00 P.M.
9. The person to whom this permit is granted is held responsible for any violations of the provision herein.

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I certify that I have read the above instructions and hereby agree to follow and obey them. I also accept all responsibility for any breaches of the provisions herein.

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Signature

Please submit application to: Riane Federman, 6350 S. Hempstead Road Westerville, OH 43081 or E-mail: [rfederman@blendontwp.org](mailto:rfederman@blendontwp.org)  
fax: 614-839-2013