

BLOCK PARTY APPLICATION
City of Blue Island
13051 S. Greenwood, Blue Island IL 60406
708-597-8603

Representative: _____ **Title:** _____

Address: _____

Daytime Phone: _____ **Nighttime Phone:** _____

E-Mail: _____

Organization (if any): _____

Secondary Representative: _____

Address: _____

Daytime Phone: _____ **Nighttime Phone:** _____

E-Mail: _____

Specific Location of Block Party: _____

Requested Date: _____ **Time Beginning:** _____ **End:** _____

City Services:

Yes, we would like a Blue Island Police Officer to visit the Block Party. Please indicate the best time for us to schedule your visit, based on availability that day. _____

Yes, we would like a Blue Island Fire Engine to visit the Block Party. Please indicate the best time for us to schedule your visit, based on availability that day. _____

The Blue Island Public Works will deliver barricades as prescribed in the guidelines.

The applicant is responsible for any injury, damage to property or illegal actions during the Block Party. In the event that there should be a directive, written or oral from the police department to discontinue the party for proper reasons, then the applicant must comply.

Signature of Representative Printed Name

Signature of Secondary Representative Printed Name

