



STREET CLOSURE BLOCK PARTY PARADE APPLICATION

City Of Torrington
Department of Police Services
Traffic Operations Unit
576 Main Street
Torrington, Ct. 06790
860-489-2018

| | | | | |
|--------------------------|-----------|----------------------|-------------------|--|
| Street(s) to be utilized | | | Type of Event | |
| Date of Event | Rain Date | Barricades Required? | Times of Event TO | |

PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION -

- APPLICANTS FOR BLOCK PARTY MUST RESIDE ON BLOCK BEING CLOSED - BLOCK PARTY MUST HAVE ATTACHED PETITION SIGNED BY 75% OF RESIDENTS ON THE BLOCK
- APPLICATION WILL BE RETURNED IF NOT COMPLETED OR IF RECEIVED LATER THAN THIRTY (30) DAYS BEFORE THE EVENT
- ALL PERMITS WILL BE VALID FROM 8:00 A.M. TO 11:00 P.M.
- BARRICADES MUST BE UTILIZED AND PLACED AT EACH END OF THE STREET(S) CLOSED FOR BLOCK PARTIES. BARRICADES CAN BE OBTAINED FROM THE TRAFFIC OPERATIONS UNIT
- BARRICADES ARE TO BE IMMEDIATELY REMOVED AFTER THE EVENT ENDS
- THE PARTICIPANTS ARE RESPONSIBLE FOR CLEAN UP OF THE STREET AND SURROUNDING AREA AFTER THE EVENT
- PARTICIPANTS SHALL BE AWARE OF FELLOW NEIGHBORS AND CONSIDERATE OF NOISE LEVELS
- THE TORRINGTON POLICE DEPARTMENT HAS THE AUTHORITY TO CAUSE THE EVENT TO BE DISBURSED FOR CAUSE
- ALCOHOLIC BEVERAGES CANNOT BE CONSUMED WHILE ON A CITY STREET, SIDEWALK ALLEY OR PUBLIC PARKING LOT WITHIN THE CITY OF TORRINGTON
- THE APPLICANT AGREES TO INDEMNIFY AND HOLD HARMLESS: THE CITY OF TORRINGTON, ITS AGENTS AND EMPLOYEES FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS OR CAUSE OF ACTION OF WHATEVER NATURE OR CHARACTER ARISING OUT OF OR BY REASON OF THE CONDUCT OF THE EVENT IN ANY RESPECT, INCLUDING BUT NOT LIMITED TO COSTS, ATTORNEY FEES, EXPENSES, ETC. INCURRED IN CONNECTION WITH THE DEFENSE OR SETTLEMENT OF ANY CLAIMS FOR INJURIES OR DAMAGE RESULTING FROM OR CONNECTED WITH THE EVENT.

| | |
|--------------------------|----------------------------|
| Applicant/Contact person | Phone Number |
| Address | Number of People Attending |
| Sponsoring Organization | Special Attractions |
| Special Requests | |

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties that may be prescribed by law or ordinance

APPLICANTS SIGNATURE: _____ DATE _____

Patrol Division _____ Fire Department _____ Street Department _____ Mayor's Office _____ Transit _____

RETURN TO THE TRAFFIC OPERATIONS UNIT NOT LESS THAN 30 DAYS PRIOR TO EVENT