



## **Block Party Request**

Date of Party:	Time of Party:	
Proposed area of Block Party:		
Proposed number of adults:	Proposed number of children:	
ORGAN	IZER'S INFORMATIO	N
Name:		
Address:		
City:	State:	Zip:
Date of Birth:	Phone Number:	

- The Block Party is to be conducted in a cul-de-sac and not on a through street.
- A fire lane must be open for emergency vehicles.
- NO SELLING of alcoholic beverages. Alcohol must not leave the confines of the Block Party
- The area of the Block Party must be barricaded from the through street with barricades provided by the Public Works Department. The organizer will be responsible for setting up and taking down the barricades. The organizer shall be responsible for any damage to or theft of the barricades.
- The Block Party organizers are responsible for cleanup of the area. If the area is left untidy and scattered with debris, the organizer will be billed for the cleanup at a rate set by the Public Works Department
- All Block Party Request forms must be submitted at least fourteen (14) days prior to event date.

By signing below, I agree to the above rules and regulation for hosting a Block Party within the Village of Lemont.

Printed Name of Organizer:	
Signature of Organizer:	Date:
Witness/ Police Department Employee:	Date: