



TOWN OF EAST LONGMEADOW
60 CENTER SQUARE
EAST LONGMEADOW, MA 01028

APPLICATION FOR A BLOCK PARTY

Date: _____
Applicant Name: _____ Phone: _____
Address: _____

BLOCK PARTY INFORMATION

Street(s): _____
Area to be blocked: _____

Event Date: _____ Rain Date: _____
Approximate # of Persons: _____ Time To/From: _____

Entertainment: Yes No If yes, Type of Entertainment: _____

Contact Name and phone number during event: _____

Note: Contact the Department of Public Works one week prior to the Block Party to schedule the placement of barricades for the block party street closure.

If this request is granted, I/we hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts and the Town of East Longmeadow, with particular regard to the consumption of alcohol. All person residing within the area to be blocked off, and any parties directly affected by the blocked off area, have been informed of the proposed time/date and have no opposition.

Signature of Applicant

<p>For Police Department Official Use Only</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended Police Officer Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Comments/Conditions:</p> <p>Date: Signature:</p>	<p>For Fire Department Official Use Only</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended Comments/Conditions:</p> <p>Date: Signature:</p>
<p>For Public Works Official Use Only</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended Comments/Conditions:</p> <p>Date: Signature:</p>	<p>For Town Manager Official Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comments/Conditions:</p> <p>Date: Signature:</p>

The Town of East Longmeadow reserves the right to disperse the block party if public safety has been compromised

