

**LACEY TOWNSHIP POLICE DEPARTMENT**

**Block Party Permission Request**

**Name of Responsible Party:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Telephone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

I/we hereby request permission to hold a "Block Party" as outlined below. I/we understand that the person(s) responsible for the herein referenced "Block Party" must erect barricades at the entrances to the blocked-off street(s) to prohibit vehicular traffic during the hours of the party. This is done to avert any unfortunate circumstances.

**Date of Block Party:** \_\_\_\_\_ **Raindate:** \_\_\_\_\_

**Time of Party: From:** \_\_\_\_\_ **A.M./P.M.** **To:** \_\_\_\_\_ **A.M./P.M.**

**Location of Party (Street):** \_\_\_\_\_

**Between:** \_\_\_\_\_ **And** \_\_\_\_\_

**NOTE: In accordance with Chapter 249-4B: The permit must be filed with the Chief of Police not less than 30 days before date of party.**

All applicable ordinances pertaining to noise, discipline, litter, etc., are to be adhered to. Prohibited hours are from 11:00p.m. to 7:00 a.m. All litter must be cleaned up by the end of the party. Portable barricades/cones can be borrowed from the Department of Public Works by calling (609) 693-1100, extension 301.

\_\_\_\_\_  
**Signature of Responsible Party**

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

As per Chapter 249-4.D(5) In accordance with the ordinance , the Township needs to know the approximate number of persons and the exact number of street residences, including street and number addresses, who will be participating in the block party.

**Approximate Number of persons attending the block party:** \_\_\_\_\_

Please see other side

Street Residences Participating in Block Party: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

**ACTION BY TRAFFIC SAFETY OFFICER**

I recommend: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval

Signature of Traffic Safety Officer: \_\_\_\_\_

**ACTION BY CHIEF OF POLICE**

I recommend: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval

Signature of Chief of Police: \_\_\_\_\_

**ACTION BY MAYOR**

I recommend: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval

Signature of Mayor: \_\_\_\_\_

**COMMENTS AND/OR SPECIAL CONDITIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_