CITY OF CLIVE
Parks and Recreation Department
1900 NW 114th Street
Clive, IA 50325
Phone: 515-223-5246 ♦ Fax: 515-457-3092

APPLICATION FOR A BLOCK PARTY

(21-DAY ADVANCE NOTICE IS REQUIRED)

Day/Date of party:_____

Beginning time:_____ Ending time:_____(Sun.-Thurs. must end by 10:00 p.m.; Fri. and Sat. must end by 11:00 p.m.)

Name:_____

Address:_____

Phone (Day):_____ Phone (Evening): _____

Streets requested to block off: _____

Is volleyball equipment needed? ❑ Yes ❑ No

Will there be outdoor live or amplified music? ❑ Yes ❑ No *If yes, please complete a noise permit application.*

*Fire Engine? ❑ Yes ❑ No If yes, desired time of visit:_____

* **Please note**: A Clive fire engine may be available for display at your Block Party if requested. The Clive Fire Department will do it's best to accommodate the request, however it is not guaranteed that a fire engine will be available during the date/time you request, due to fire and rescue calls, or staffing and scheduling conflicts.

The Clive Parks Department will deliver the barricades/equipment on the Friday prior to your block party at the address listed above. Please return the barricades/equipment to the same address for pick-up on Monday. **THERE IS A $25 REFUNDABLE DEPOSIT REQUIRED. A U.S. government-issued photo I.D. with current address is also required. Only three block parties will be allowed in the city per weekend**. If the date requested is not available, the Clive Parks and Recreation Office will contact you. If you have any questions, please call 223-5246.

I certify that the above listed address and phone number are true and correct, and that I am familiar with all rules and agree to abide by them. I hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by me or my guests while participating in, traveling from, or observing any of the events that are part of the block party. I hereby release the City of Clive, its agents, commissioners, officers, volunteers and employees ("Released Parties") from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by me or my guests while participating in, traveling to or from, or observing the events that are part of the block party. I acknowledge that I have read the foregoing release, understand its terms, and freely and voluntarily sign the same.

Signed_____ Date_____

For office use only: Deposit check #:_____ Date deposit received:_____

Date deposit returned: _____ Returned by:_____

Date emailed to Fire Dept.: _____ Sent by:_____ Confirmed by:_____

Date emailed to Police Dept.:_____ Sent by:_____ Confirmed by:_____

Date emailed to City Hall:_____ Sent by:_____ Confirmed by:_____

Date copy given to Park Staff:_____ Given by: _____