

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:	(SunThurs. must end by 1	0:00 p.m.; Fri. and	Sat. must end by 11:00 p.m.)
Name:				
Address:				
Phone (Day):		Phone (Evening):		
Streets requested to I	block off:			
Is volleyball equipmen	nt needed?	☐ No		
*Fire Engine: Ye *Please note: A party if requested however it is not you request due The Clive Parks Depathe address listed at Monday. THERE IS A with current address weekend. If the date you have any question I certify that the about all rules and agree may be sustained events that are pain officers, volunteers causes of action we sustained by me of are part of the block.	A Clive fire engine and The Clive Public Sa guaranteed that a fire to emergency calls of artment will deliver the pove. Please return A \$25 REFUNDABLE is also required. The engine are presented in the pove of the block party. The by me or my guests and employees ("Relayant engles of the block party," and employees ("Relayant engles of the party. I acknowledge the party. I acknowledge the party. I acknowledge the clive in the party. I acknowledge the clive in the party. I acknowledge the clive in the clive in the party. I acknowledge the clive in	d phone number are true a ereby voluntarily assume a while participating in, tra I hereby release the City leased Parties") from any but of or related to any I rticipating in, traveling to ge that I have read the for	If yes, desired to be available their best to a e will be avail be avail be avail to the Friday put to the same A U.S. governies will be a lall risks of lost and correct, and volve, its and all liability loss, damage or from, or objective, or of communities.	for display at your block ccommodate the request lable during the date/time orior to your block party at e address for pick-up or nment-issued photo I.D. allowed in the City per Office will contact you. If and that I am familiar with s, damage, or injury that or observing any of the agents, commissioners, y, claims, demands, and , or injury that may be be serving the events that
Ĭ	intarily sign the same.			
Signed		Da		
	Deposit check #:			
	Date deposit returned:	·		_ Returned by:
	Date emailed to Fire D	Dept.: Se	nt by:	Confirmed by:
		Dept.: Se	-	
	-	lall: Se	-	·
·	Date copy given to Pa	rk Staff: G	Given by:	