



BLOCK PARTY REQUEST

This form must be completed and returned to Washington Township Public Works Department at least fourteen (14) working days in advance of the requested party date. You will be notified via the preferred method selected below if your request has been approved or denied.

Event Information:

Date: _____ Start/End Times: _____ Rain Date: _____

Location: _____

Reason for Event: _____

Release and Indemnification

In consideration for the closure of the above listed public street(s) for the purpose of a neighborhood block party, on the date indicated above, the undersigned releases and indemnifies Washington Township, its Board of Trustees, employees and agents, for any and all liability, claims, demands, or causes of action that may arise out of, or relating to, the requested road closure and that, in addition, the undersigned agrees that the responsibility and liability for traffic control, emergency vehicle access, and any inconvenience to other residents or citizens arising from the road closure, rest solely with the undersigned.

Requester's Information:

Name: _____ Date: _____

Signature: _____

Address: _____

Phone: _____ Email: _____

Preferred Contact Method: _____ Phone _____ Email

Return completed form to: **Tim Franck, 8200 McEwen Road, Washington Township, OH, 45458**
tim.franck@washingtontwp.org or mary.zdesar@washingtontwp.org

I have read and agree with the application for temporary road closing block party.

APPROVAL SIGNATURE: _____ DATE: _____