

BLOCK PARTY GUIDELINES

The Milford Police Department accepts requests for block party and temporary street closure request. This request is considered by the Chief of Police on an individual basis.

How to Apply

It is important for you, the applicant, to carefully read, understand and complete the waiver form.

It must be submitted **4 WEEKS in advance** of the date you are requesting the waiver.

1. All residents affected by a proposed block party must sign a petition indicating their support or opposition of the block party. There should be a line for each address affected by the block. The petition should include the proposed block party and that the included signatures are in support of the event. All pages of the petition should have this information.
2. A map of all houses affected by the block party is to accompany the petition.
3. No tables, chairs, grills, bandstand or other structures are to be placed in the street.
4. Barricades are to be set up at each end of the block and manned by the group.
5. Emergency vehicles are to be allowed access.
6. The petition is to be submitted with written request to the attention of the Traffic Division.
7. The road needs to be clear and barricades removed prior to dusk.

Note: If permission is granted, such permission is limited to those streets under the jurisdiction of the Local Traffic Authority of the city of Milford and does not absolve the Permittee of any incumbent civil and legal obligations resultant from any tort action.

Failure to comply with the restrictions and limitations stipulated within your permit for the safety and welfare of the general public, will retract and void any earlier permission by the Police Department.

MILFORD POLICE DEPARTMENT

BLOCK PARTY APPLICATION

Date of Event: _____

1. Applicant

Name _____

Address _____

Home Phone _____ Cell Phone _____

Description of Event: _____

Street to be Closed: _____

Intersecting with/or Between: _____

Disclaimer: I have read and understood the block party guidelines.

Signature _____ Date _____

RESIDENT'S SIGNATURES GIVING SUPPORT FOR ROAD CLOSURE

NAME

ADDRESS

SIGNATURE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

USE BACK OF PAGE IF NEEDED