BLOCK PARTY APPLICATION

<u>APPLICANT</u>

Name			
Address			
Telephone			
Email			
LOCATION O	F PARTY		
	(Street)	_ TO (Street)	
Date_		Time	

SKETCH (Placement of Barricades)

Number of Affected Properties _	
Estimated Attendance	
Entertainment will consist of	

In consideration of the granting of this permit, the Applicant agrees to save harmless and keep indemnified the District of Lakeland No. 521 from all actions, causes of actions, claims and demands whatsoever, which may be made against the District in consequence of the granting of this permit or anything done hereunder by the Applicant, the Applicant's employees or Agents and to pay the District for all damages done to any pavement, street, municipal reserve or any other property including public property belonging to or under the control of the District of Lakeland No. 521 while used by the applicant.

Applicant

Date

BLOCK PARTY PETITION

We, the undersigne	d residents agree to	o block off	
	From		То
(Street)		(Street)	
	betw	een the hours of	
(Stree	et)		
and	for the p	urposes of holdir	ng a Block party.

A majority (51%) of the households in the blocked area must be in agreement with the Block party. The attached petition must be signed by **one person only** in each household that is in agreement.

NAME	ADDRESS	SIGNATURE

RELEASE BLOCK PARTY

This is a release provided by the person or persons listed on this form (the "Releaser") to the District of Lakeland No. 521 (the "District"). This release is provided in return for the District permitting the temporary closing of streets as requested by the Releaser.

The Releaser hereby releases and forever discharges the District, including its officers, employees and agents, of and from all manner of actions, causes of actions, claims or demand, for or by reason of any loss resulting from loss, damage or injury to person or property or both arising out of or in connection with the temporary closure of:

 between (house#)	and

(house#)______ in the District of Lakeland No. 521.

The above noted area shall be closed to vehicular traffic between the hours of ______ and ______ on ______.

NAME	ADDRESS/PHONE #	SIGNATURE

APPEAL FORM For Block Parties

Date:		
Appellant information:		
Name:		
Address:		
Home Phone		
Cell Phone		
Email address	_	
Reason for Appeal:		

Appeals will be forwarded onto District Council for decision.

Name of Applicant

Signature of Applicant