

CITY OF COLWICH
310 S. SECOND ST.
COLWICH, KS 67030
(316) 796-1025

BLOCK PARTY REQUEST

Date of Request: _____

Person making Request: _____

Address: _____

Phone Number: _____

Private _____ Public _____

Name of Street to be closed: _____

Between Streets (names) or Hundred Blocks: _____

Date of Event for said Street to be closed: _____

Street to be closed beginning at: _____ : _____ M. Reopened at: _____ : _____ M.
(Not to be more than 5 hours from start time)

NOTICE: Prior to turning in this request to the City Clerk's office, you will be required to obtain an agreement by signatures, from residents who reside within the affected area, advising them that vehicle traffic will not be allowed within the closed area.

You are hereby notified that all City Ordinances will be adhered to during the street closing and that the Chief of Police and/or his designees, have the right to refuse or revoke this request if the proper requirements are not met, or for any violation of City Ordinance or State Law.

Street barricades will be provided by the City Maintenance Department (office hours Monday thru Friday 8:00 a.m. to 4:00 p.m.). Please remove such barricades for emergency vehicle traffic and at the reopening time stated above.

Date and time barricades to be delivered _____

Address to be delivered and picked up: _____

I hereby acknowledge that I have read the above and agree to said terms and that all concerned residents have signed the back of this request.

(Signature of Applicant)

Office use only

Chief of Police approval: _____ Date: _____

Mayor approval: _____ Date: _____