

BOROUGH OF GLEN ROCK



BLOCK PARTY APPLICATION

APPLICANT'S INFORMATION (PLEASE PRINT)

APPLICANT'S NAME (LAST, FIRST)

LOCATION OF EVENT

APPLICANT'S ADDRESS

DATE OF EVENT

EMAIL ADDRESS

RAIN DATE

HOME PHONE NUMBER

HOURS — NO LATER THAN 11:00 P.M.

CELL PHONE NUMBER

DESCRIPTION OF EVENT

NUMBER OF CONES NEEDED

CONDITIONS OF APPROVAL:

1. APPLICANT MUST COMPLY WILL ALL LOCAL RULES AND ORDINANCES.
2. TRAFFIC CONES MUST BE PICKED UP AND RETURNED TO THE DEPARTMENT OF PUBLIC WORKS GARAGE 48 HOURS PRIOR TO THE EVENT AND MUST BE RETURNED WITHIN 48 HOURS AFTER THE EVENT.
3. APPLICANT MUST MAKE SURE NO VEHICLES OR ANY SIMILAR OBSTRUCTIONS ARE TO BE USED TO BLOCK THE STREET.
4. TRAFFIC CONES ARE THE ONLY APPROVED DEVICE TO BLOCK OFF THE STREET.
5. A \$ 10.00 REFUNDABLE DEPOSIT PER CONE IS REQUIRED.

ONE HARDING PLAZA, GLEN ROCK, NEW JERSEY 07452
OFFICE NUMBER (201) 670-3956 • FAX NUMBER (201) 670-3959

BOROUGH OF GLEN ROCK



The Borough requires that the application requesting be submitted 72 hours in advance of the date the event.

I HEREBY DECLARE THAT I HAVE FILLED OUT THE ABOVE INFORMATION HONESTLY AND ACCURATELY.



SIGNATURE

DATE

APPROVAL

APPROVED THIS _____ DAY OF _____ FOR THE PURPOSES STATED IN THE APPLICATION FOR THE HOURS SO INDICATED AT THE FACILITY SO ASSIGNED.

BOROUGH CLERK

APPLICANT COPY: _____

POLICE DESK COPY: _____

FIRE DEPT. COPY: _____

DPW COPY: _____

FILE COPY: _____

AMOUNT OF DEPOSIT: _____

VOUCHER NUMBER: _____

FOR OFFICIAL USE:

NUMBER OF CONES PICKED UP: _____

DATE PICKED UP: _____

NUMBER OF CONES RETURNED: _____

DATE CONES RETURNED: _____

AMOUNT REFUNDED: _____

DPW Signature

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