



BLOCK PARTY REQUEST

This form must be completed and returned to Washington Township Public Works Department at least 7 working days in advance of the requested party date. You will be notified via the preferred method listed below if your request has been approved or denied.

Event Information:

Date: _____ Start/End Times: _____

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 cause 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 (please print): _____ Date: _____

Signature: _____

Address: _____

Preferred Contact Method: Phone _____ Email _____

***Return completed form to: Mike Wanamaker, 8190 McEwen Road, Dayton, Ohio 45458 or
dsmith@washingtontwp.org***