

City of Albany Block Party Application



Date: _____

Applicant Name: _____

Alternative Contact: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Email Address: _____

Proposed Date for Block Party: _____

Begin Time: _____ End Time: _____

Street Name: _____

Cross-Streets: _____

Of Attendees: _____

Would you like the Albany Fire Department to perform a Disaster Preparedness training? _____

Event Description:

REQUIRED DOCUMENTATION & FEES:

- ☐ Neighborhood Petition Signatures (More than 50% of the block)
- ☐ Application & Barricades Fee – \$125.00 (After Approval)
- ☐ Application & Barricades Fee (with Disaster Preparedness Training) – \$54.00 (After Approval)

It is understood and agreed that the City Council Block Party Policy and Procedure must be complied with. I agree to assume the risk of accident or injury sustained from whatever cause in connection with the activity and release the City of Albany, its officers, agents, and employees from any and all liability for any such accident or injury caused by whatever reason, including but not limited to an act of omission. I understand that no medical insurance is provided.

Signature

Print

Date

Neighborhood Petition:

Hey neighbors...let's organize a block party. Block parties are a great way to meet neighbors, share ideas on neighborhood safety, eat, play games, and watch a movie...all safely in the middle of our street! Please sign below; we need signatures from 50% or more of the block.

Proposed Block Party Details:

Date: _____

Time: _____

Location: _____

Name (First & Last)	Address:	Phone:	Signatures:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			