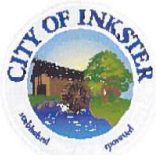


Felicia Rutledge, City Clerk
City of Inkster
26215 Trowbridge
Inkster, MI 48141

www.cityofinkster.com
Phone: 313.563.9770
frutledge@cityofinkster.com

Street Closure/Block Party Requirements

- **Submit application indicating what the event is, the date(s) of the event, where the event will be held, which streets will be affected, etc. You should also include whether barricades will be needed, etc.**
- **The attached petition signed by residents in the area who will be affected by the street closure/block party.**
- **The application and petition should be submitted to the City Clerk's office at least 4 weeks prior to the event.**
- **The street closure/block party must be approved by Mayor and Council.**
- **There is no fee.**
- **For additional information, please call (313) 563-9770.**



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STREET CLOSURE/BLOCK PARTY REQUEST

APPLICANT:

 Name _____
 Phone Number

 Applicant Address _____
 Email (Optional)

REQUEST:

Street To Be Closed: _____ Cross Streets: _____ / _____

Date(s) To Be Closed: _____

Event Hours: _____ am/pm To _____ am/pm **(EVENTS MUST CONCLUDE BY 10PM)**

Type Of Event: _____

Please read this Waiver carefully before signing – The undersigned hereby verifies that he/she agrees to indemnify defend and save harmless the City of Inkster, its officers, agents and employees from and against all loss and expense be reason of liability imposed by law of bodily injury, including death at any time resulting there from, sustained loss of use thereof, arising out of or in consequence of performance of this agreement, whether such injuries to person or damage to property is due or claimed to be due to the negligence of the contractor, the City of Inkster, its officers, agents and employees, excepting only such injury or damage as shall have been occasioned by the sole negligence of the City of Inkster, its officers, agents and employees. The undersigned further understands that failure to comply with all arrangements herein stated or falsification of any information called for in this application will be grounds for denial of this or any future request.

Applicant assumes all responsibility for the return of all required barricades/cones used for this event. The barricades/cones are to be returned in the same condition as received on the business day following the event.

Furthermore, the undersigned will be liable for the replacement costs of the barricades/cones in the event of loss or damage. The replacement cost is \$20.00 (Twenty Dollars) per item. If the matter is adjudicated in court, attorney fees and court costs will be assessed.

The barricades/cones may be obtained at the Department of Public Service, 26900 Princeton St., between the hours of 10:00 a.m. and 3:00 p.m. **Call to make arrangements: 313-563-9773**

Applicant Signature: _____ **Date:** _____

OFFICIAL USE ONLY
REQUIRED APPROVALS:

Police _____ Fire _____ DPS _____ BLDG _____

REQUIRED EQUIPMENT:

Barricades _____ Cones _____ Other _____

CITY COUNCIL APPROVAL: Date Approved: _____ Resolution Number: _____

City Clerk Signature: _____ Date: _____

