

BOROUGH OF CLARKS SUMMIT
Residential Block Party Request Form

LOCATION: _____

(Street, Cross Streets/Addresses)

DATE & START/END TIMES: _____

RAIN DATE (IF APPLICABLE): _____

CONTACT PERSON: _____

(Name, Address and Telephone Number)

ADDRESS FOR BARRICADE DROP-OFF (if different from Contact Person): _____

***Barricades will be delivered by the Public Works Department prior to event. They MUST be returned to the location at which they were dropped off upon completion of event.**

**Please note that the roadway must be able to be cleared quickly in the event of an emergency. Therefore, no items such as inflatables, stages, tents, etc. will be permitted on the roadway.*

1. ALL REQUESTS ***MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS*** BEFORE THE DATE OF THE BLOCK PARTY OR PERMISSION CANNOT BE GUARANTEED.
2. Obtain a petition of signatures (use form provided or one of your own making) showing consent of the majority of the affected residents, regardless of whether they will be attending, and submit with application.
3. All Applications are subject to the review and approval of the Police Department.
4. Traffic conditions and street locations are taken into consideration. Only minor residential side-streets will be considered for Block Party approval.

Applications and Petitions may be submitted by email, fax or by mail to:

Borough Manager
Borough of Clarks Summit
304 S. State Street
Clarks Summit, PA 18411
Fax: (570) 586-3024
Email: manager@clarkssummitpa.gov

Questions? Call: (570) 586-9316

BLOCK PARTY SIGNATURE LIST

NAME	ADDRESS	INITIALS
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CERTIFICATION

I certify that the information contained in the foregoing Residential Block Party Request Form is true and correct to the best of my knowledge. By signing and submitting this Residential Block Party Request Form, I certify that I am an adult (age 18 or older) resident of the Borough of Clarks Summit and agree to indemnify, defend and hold harmless the Borough of Clarks Summit and its officers, employees and agents from and against any and all losses, costs, (including, but not limited to litigation and settlement costs and counsel fees), claims, suits, actions, damages, liability and expenses, occasioned wholly or in part by my acts or omissions or negligence or fault or the acts or omissions or negligence or fault of my agents, vendors and suppliers and arising from the Residential Block Party described in this form, except for any claims, liability, demands, suits or loss arising from the willful or grossly negligent acts of the Borough of Clarks Summit, its elected and appointed officials, agents, employees and authorized volunteers. I agree to comply with all laws, regulations, rules and requirements of the Borough of Clarks Summit, Lackawanna County, the Commonwealth of Pennsylvania, the Federal Government, and any other applicable entity.

Print Name of Applicant

Signature of Applicant

Date

Borough Use Only

Date Form Received:	Staff Signature:	Date Approved/Denied:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Denial (if applicable):	