



City Of Coffeyville, Kansas  
P.O. Box 1629  
Coffeyville, Kansas 67337

City Clerk's Office  
620-252-6108 phone  
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www.coffeyville.com  
information@coffeyville.com

### BLOCK PARTY APPLICATION

Date \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's address \_\_\_\_\_

Location of block party \_\_\_\_\_ Coffeyville, KS 67337

Date of party \_\_\_\_\_ Time \_\_\_\_\_

Starting time (after 7 a.m.) \_\_\_\_\_

Ending time (before 11 p.m.) \_\_\_\_\_

Portion of street to be barricaded \_\_\_\_\_

I certify I am a resident of the neighborhood in which this block party will be conducted. All the residents who live in the blocked off area have been notified in writing of the proposed block party. Residents who live in the immediate blocked off area are in favor of the block party. The information submitted in connection with this application is true and accurate, and I agree to adhere to the requirements and conditions as stated below.

\_\_\_\_\_  
Applicant signature

#### REQUIREMENTS AND CONDITIONS

1. Applicant is required to block off the street specified on application during the hours stated.  
Traffic cones may be borrowed from the Public Service Department; call 620-252-6153 for information.
2. Access must be granted to authorized emergency vehicles and residents within the blocked-off area.
3. Residents who live in the immediate blocked-off area must sign application indicating they are in favor of block party.
4. Applicant and participants must comply with City ordinances governing noise, alcohol and fireworks.
5. Block parties are to be conducted only between the hours of 7 a.m. and 11 p.m.
6. Applicant is responsible for clean-up - remove all trash and litter from the streets, sidewalks and public areas.

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*To be completed by Police Department:*

This application is \_\_\_\_\_ approved \_\_\_\_\_ disapproved.

If disapproved, reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Police Chief or designee

.....  
Copy to \_\_\_\_\_ Applicant \_\_\_\_\_ PD \_\_\_\_\_ FD

