

CITY OF MARION, OHIO

BLOCK PARTY PERMIT

DATE: _____

NAME: _____

GROUP: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

PURPOSE: _____

DATE OF PARTY/EVENT: _____

LOCATION: _____

APPROXIMATE LENGTH OF TIME: (from) _____ (to) _____

NUMBER OF BARRICADES NEEDED: _____

WHERE SHOULD THE BARRICADES BE DROPPED OFF: _____

REMARKS: _____

SIGNATURE: _____

RESPONSE:

1. Should not pose a noise problem.
2. Only non-alcoholic beverages on City property.
- 3. Party is to conclude by 11p.m.**

Issuance of this form is for registration purposes only and does not constitute an endorsement by the City of Marion for any solicitation made by the bearer hereof.

Approved: _____

Date: _____

Disapproved: _____

Date: _____

Forwarded to: _____

Date: _____

Fire Dept: _____

Police Dept: _____

Streets Dept: _____