CITY OF ROYAL OAK POLICE DEPARTMENT

DATE: _____ PETITION FOR: _____ Block Party _____ Special Parking

_____ Barricades _____ Other _____

**** COMPLETED PETITION MUST BE RETURNED TO TRAFFIC SAFETY AT LEAST ****
**** 7 DAYS PRIOR TO DATE OF EVENT ****

Please write out your petition in the space provided below or on your own letterhead which must be attached to this request. Specify the TIME, DATE, LOCATION and REASON FOR THE REQUEST. Contact all residents affected by this event and verify the contact by the attached petition ledger.

BLOCK PARTIES MUST OBSERVE THE FOLLOWING

1. Barricades are to be removed by you by 9 PM or dusk.
2. The street between the barricades MUST be kept free of picnic tables, banners, etc. to allow access by emergency vehicles.
3. No bonfires, fireworks or other activities deemed illegal by City Ordinance or State Statute will be permitted.
4. No motor vehicles of any type will be allowed use of, or access to, the street during the event. Exceptions: Emergency vehicles and Necessities.

It is suggested that the barricaded street be used for bicycle riding, baseball games and similar activities.

PETITIONER: NAME: _____

ADDRESS: _____

TELEPHONE: _____

requests that _____ (Street/Avenue) between

_____ (St/Ave) & _____ (St/Ave)

be barricaded on _____ (Date) from _____ AM/PM to _____ AM/PM.

The barricades will be the responsibility of _____,

_____ (Address) _____ (Phone).

After the event, barricades are to be picked up from the following location:

_____

DETAILS OF REQUEST (Print or type – Use additional paper if necessary.):

_____

_____

_____

BARRICADE REQUEST PETITION

The following people have been contacted regarding blocking off _____

_____ (Street/Avenue). Upon approval, this street will be closed on

_____ (Date) from _____ AM/PM to _____ AM/PM.

NAME	ADDRESS	TELEPHONE	Agree	Oppose