Borough of Barrington Petition for Block Party

We, the undersigned, are in favor of closing our street on ______ from ______ to _____ for a neighborhood block party.



Please print and sign your name alongside your address. A majority of residents living on the block must approve.

Address	Printed Name	<u>Signature</u>		

Please note that according to Borough ordinance, public drinking of alcoholic beverages is prohibited and must be confined to back yards. No one under the age of 21 is permitted to consume alcoholic beverages.
Barricades will be dropped-off prior to and picked-up after the event. It is the responsibility of the residents to set-up and take down the barricades.

•I hereby accept and will abide by all of the conditions set forth above along with all Borough ordinances and New Jersey state statutes. I also agree that all rules imposed by the State of NJ pursuant to the Covid-19 public health emergency will be followed. I further agree that I will be the primary point of contact for the Barrington Police Department and that I will be present at all times during the block party.

Signed		Print Name			
Phone	Email			Date	
Completed form must be submitted to a minimum of two weeks prior to ever	Ū	Fire Iliance	EMS	DPW	

Approved: _____ Chief of Police