



# City of Valley City, North Dakota Application to Block off Street: Parade or Event

*This application must be submitted at least seven days prior to event and will be reviewed and approved by the City Auditor's Office.*

Date: \_\_\_\_\_

Name of Applicant/Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_ Estimated Number of Participants: \_\_\_\_\_

Set Up Time: \_\_\_\_\_ Cleanup Time: \_\_\_\_\_

Street Location (*List streets to be blocked off from intersection to intersection and include a map*):

\_\_\_\_\_ to \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

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## INDEMNIFICATION AGREEMENT

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF ANY DAMAGE TO THE PROPERTY.

I AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS THE CITY OF VALLEY CITY, ITS AGENCIES, OFFICERS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OF ANY NATURE, INCLUDING COSTS, EXPENSES, AND ATTORNEYS' FEES, WHICH MAY IN ANY MANNER RESULT FROM OR ARISE OUT OF THIS AGREEMENT.

I ALSO AGREE TO INDEMNIFY, SAVE, AND HOLD THE CITY OF VALLEY CITY HARMLESS FROM ALL COSTS, EXPENSES, AND ATTORNEYS' FEES INCURRED IN ESTABLISHING AND LITIGATING THE INDEMNIFICATION COVERAGE PROVIDED HEREIN.

### I HAVE READ AND AGREE TO THESE CONDITIONS

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN TO:** Valley City Auditor  
220 3rd St NE  
Valley City, ND 58072

**Email:** [tpolecity@valleycity.us](mailto:tpolecity@valleycity.us)

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### *For City Use:*

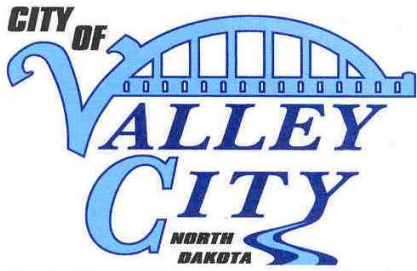
**Map Attached:** \_\_\_\_\_ (Map of entire parade route/event area must be attached)

**Police Department Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Department Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notified NDDOT:** \_\_\_\_\_ (if request includes Main Street)

**Notified City Commission and City Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Event Equipment Request

Organization: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

in case of emergency and main contact not available

2<sup>nd</sup> Contact name: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Street Department

#### **Barricades**

| <b>TYPE</b>   | <b># of each</b> |
|---------------|------------------|
| T1 (Short)    | _____            |
| T3 (3 panels) | _____            |

**Sandbags:** # \_\_\_\_\_

\*On the map, please mark where you would like each barricade and sandbags dropped off.

### **Electric Department**

Total number of temporary hookups needed: # \_\_\_\_\_

#### **Hook Ups**

| <b>TYPE:</b>        | <b># of each</b> |
|---------------------|------------------|
| 20 amp (120 outlet) | _____            |
| 50 amp (220 plugin) | _____            |

\*On the map, please mark where you would like each hookup located.

**Water Department**

Will water be needed? (Circle one) Yes No

Explanation of use:

\_\_\_\_\_

Beginning read: \_\_\_\_\_ End read: \_\_\_\_\_

\*On the map, please mark where you would like water located

**Sanitation Department**

**Dumpsters**

| <b>TYPE</b> | <b># of each</b> |
|-------------|------------------|
| 2 Yard      | _____            |
| 4 Yard      | _____            |
| 6 Yard      | _____            |

\*On the map, please mark where you would like your dumpster(s) placed.

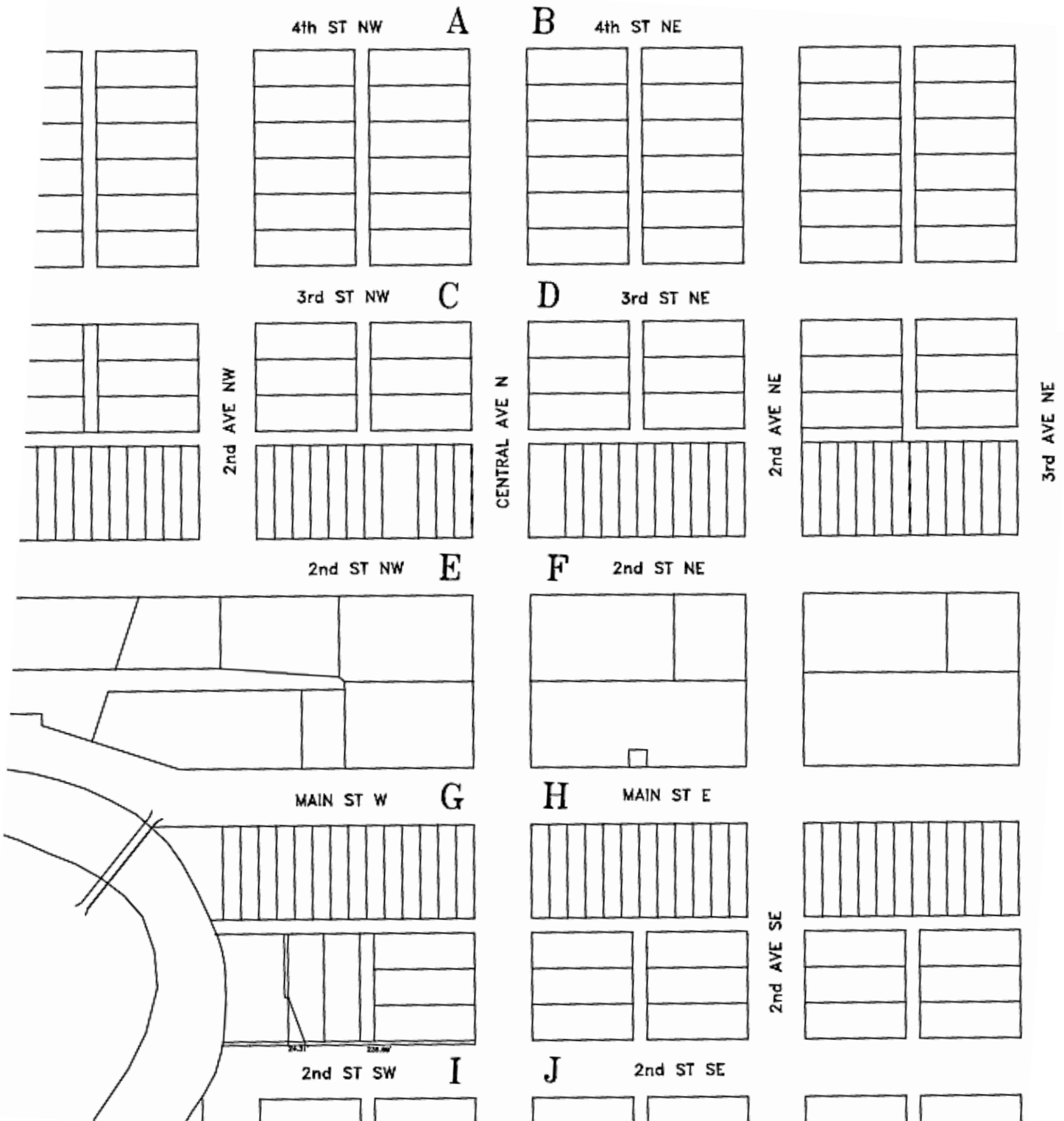
**Additional Needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant is responsible for returning city streets, alleys, sidewalks, or grounds to their pre-event condition.

\*You should attach your own map if the attached maps do not cover your area. Please include all equipment needs and locations.

# BARRICADES



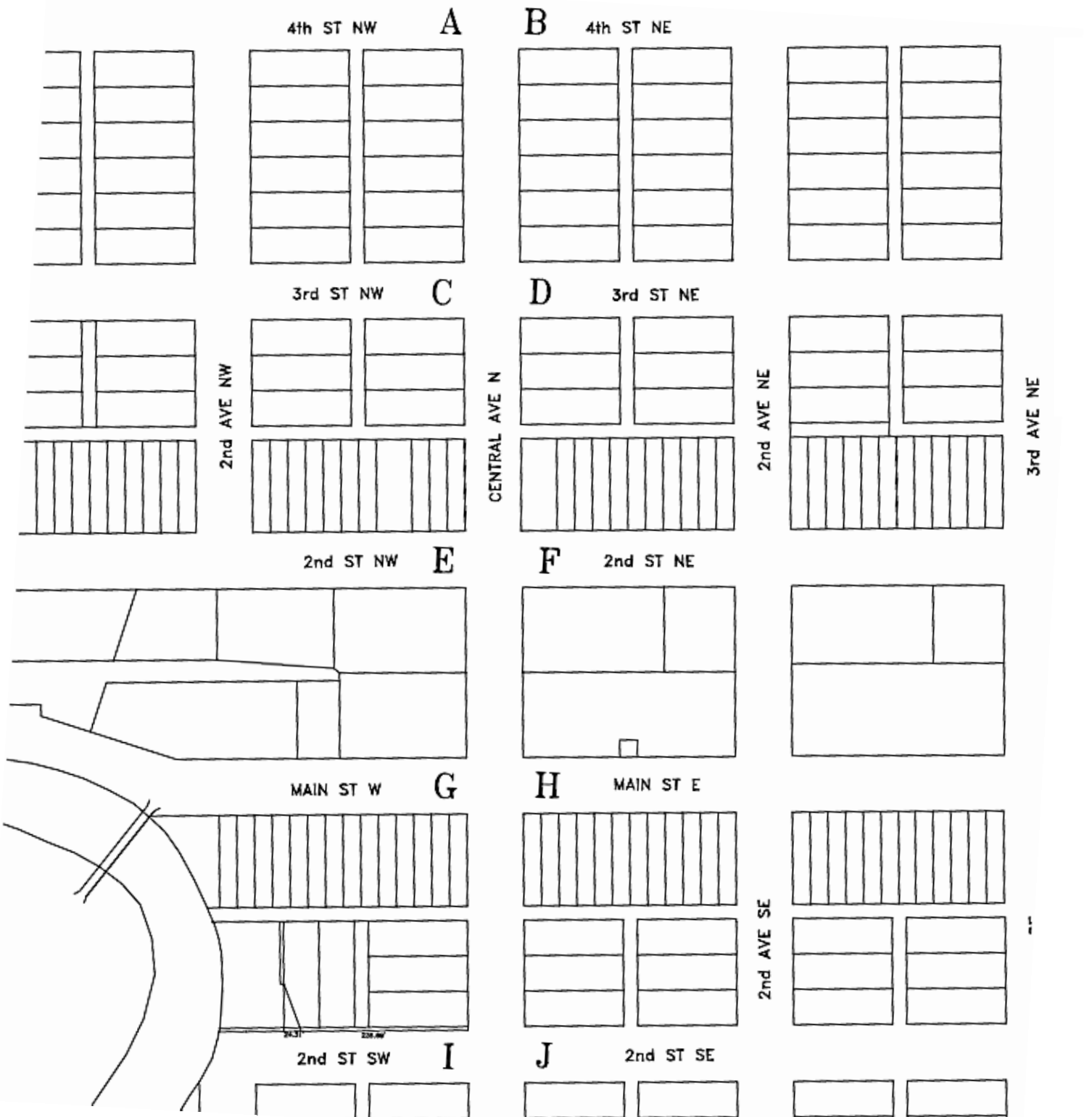
# Of Barricades at Each Location:

Type I

Type III

A:      B:      C:      D:      E:      F:      G:      H:      I:      J:

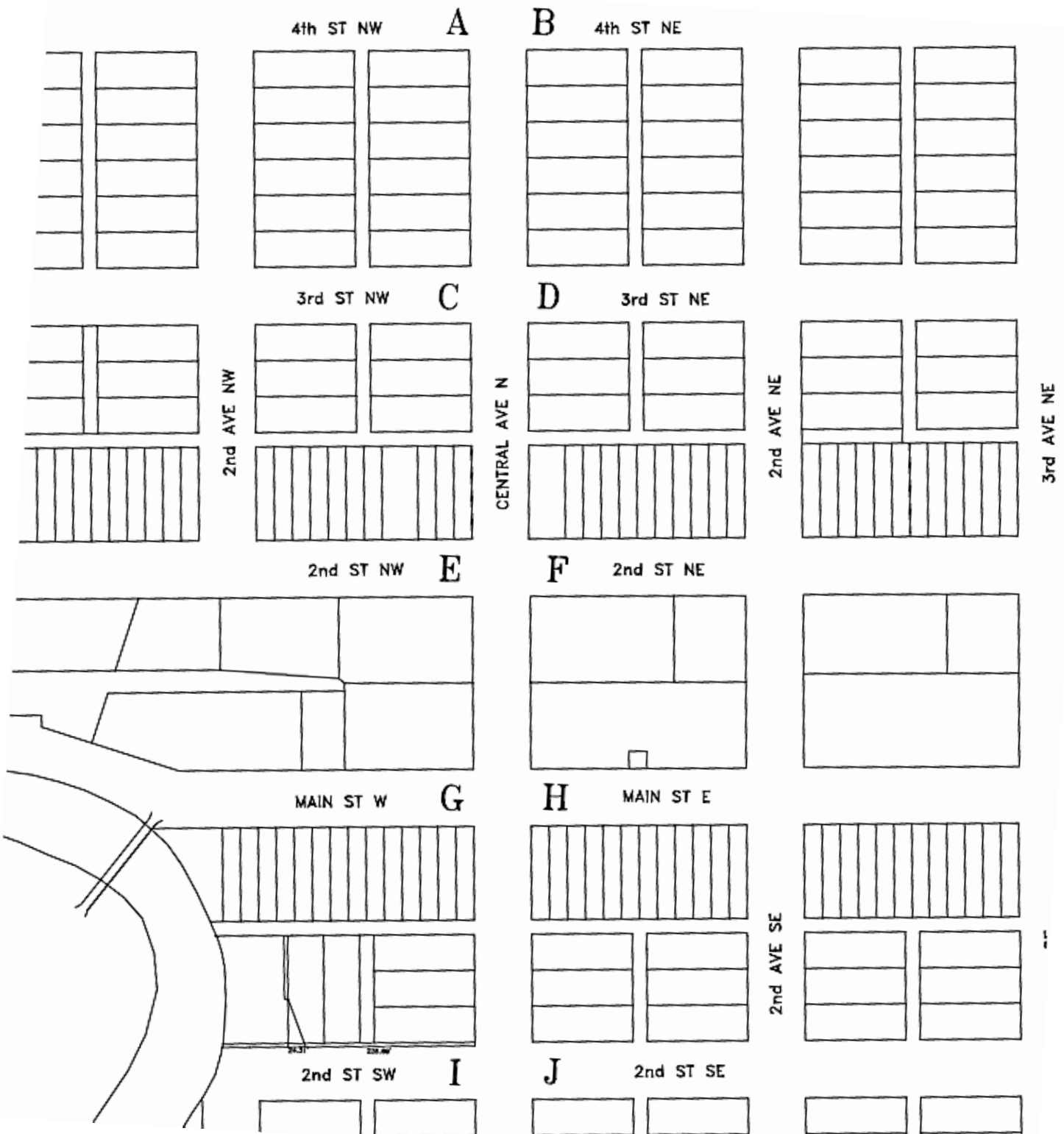
# Dumpsters



Mark What Size Dumpster and the Location. Available Sizes: 2 Lid, 4 Lid, or 6 Lid

A:      B:      C:      D:      E:      F:      G:      H:      I:      J:

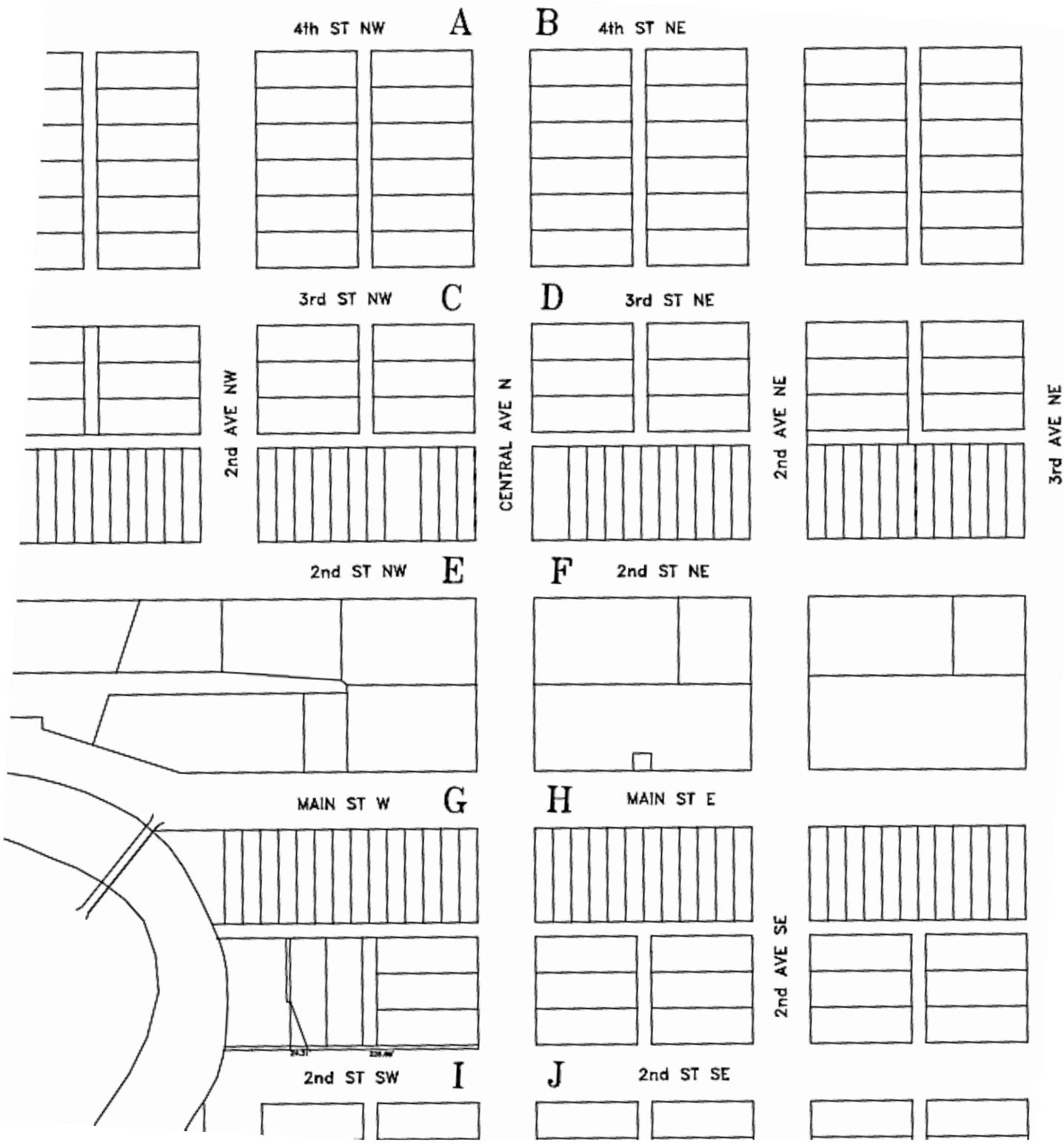
# Electrical



Type of hookups and how many at each location:

**A:**      **B:**      **C:**      **D:**      **E:**      **F:**      **G:**      **H:**      **I:**      **J:**

# Water



Mark where you want water:

A:      B:      C:      D:      E:      F:      G:      H:      I:      J: