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:** _____

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: tplecity@valleycity.us

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

Event: _____ Event Date: _____

Main Contact: _____ Phone: _____

2nd Contact: _____ Phone: _____

Contact persons may be contacted regarding equipment placement and availability.

Street Department

	Type	# of each
Barricades	T1 (short)	
	T3 (3 panels)	
	Cement	
Sandbags	N/A	

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

Electric Department

Total number of temporary hookups needed: _____

Note: Electricity service is subject to the availability of hookup locations.

	Type	# of each
Hook ups	20amp (110 plug in)	
	50amp (220 plug in)	

- On map, please mark where you would like each hookup

Sanitation Department

	Type	# of each
Dumpsters	2 Yard	
	4 Yard	
	6 Yard	

- On map, please mark where you would like your dumpsters

Water Department

Note: Water service is subject to the availability of hookup locations.

Explanation of use: _____

Start Read: _____ End Read: _____

- On map, please mark where you would like water located

____Additional Needs:

_____

_____

The applicant is responsible for restoring all City streets, alleys, sidewalks, and public grounds affected by the event to their pre-event condition.

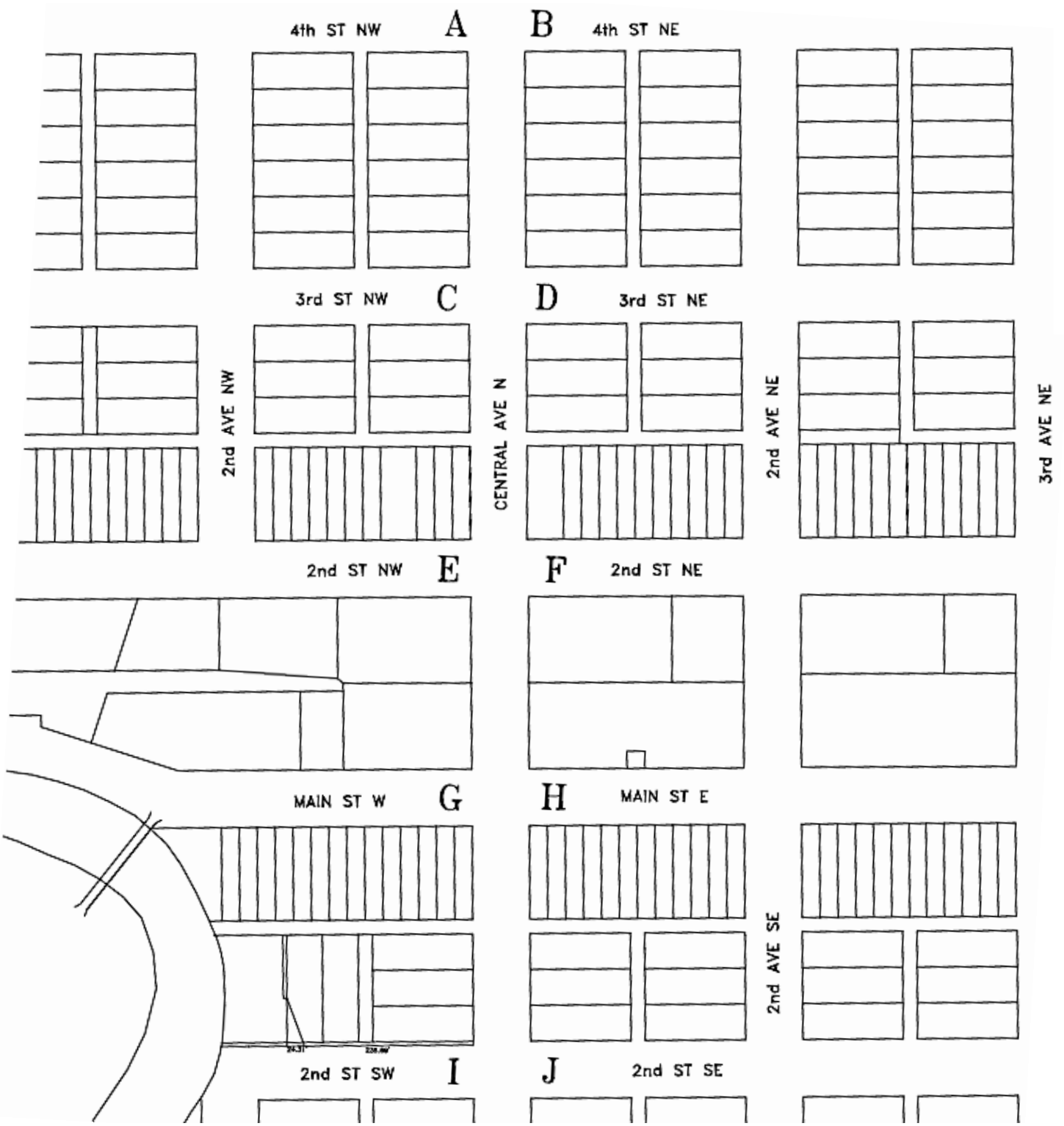
If the space provided on the attached map is insufficient to depict the full event area, please attach an additional map.

Return application and any additional maps or information to:

Valley City Auditor
220 3rd St. NE
Valley City, ND 58072

OR email: tplecity@valleycity.us

BARRICADES



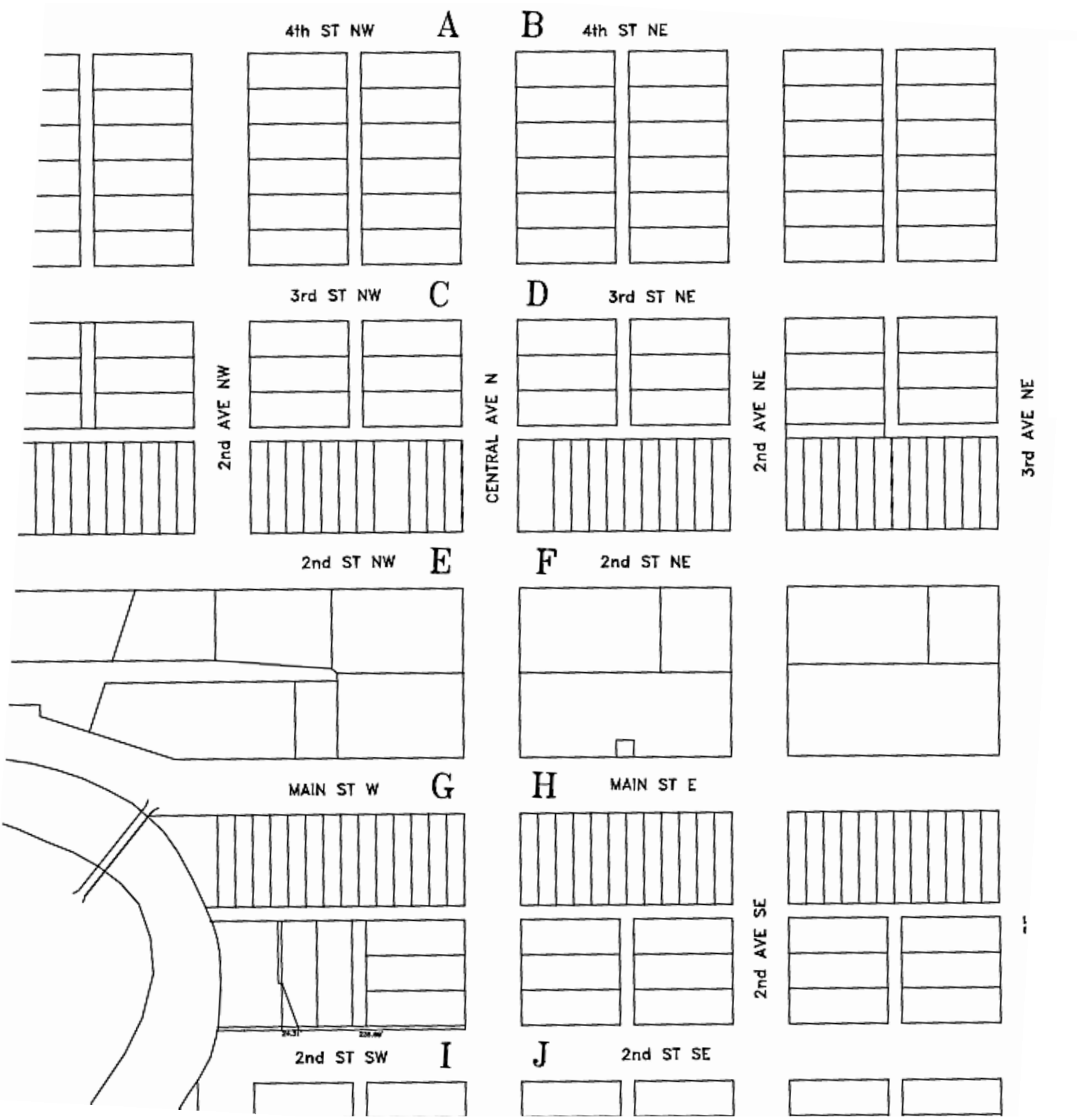
Of Barricades at Each Location:

Type I

Type III

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

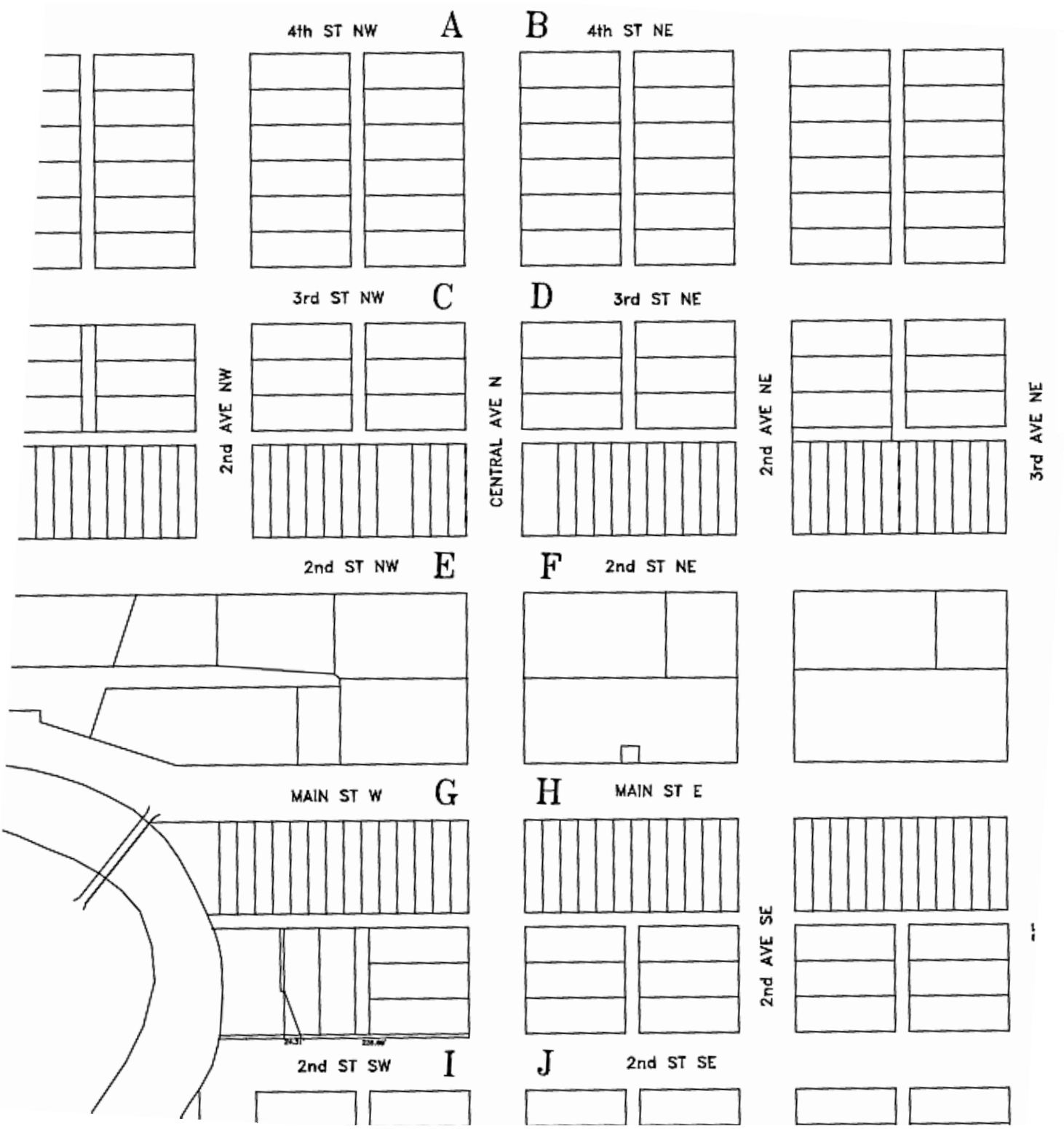
Dumpsters



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:**

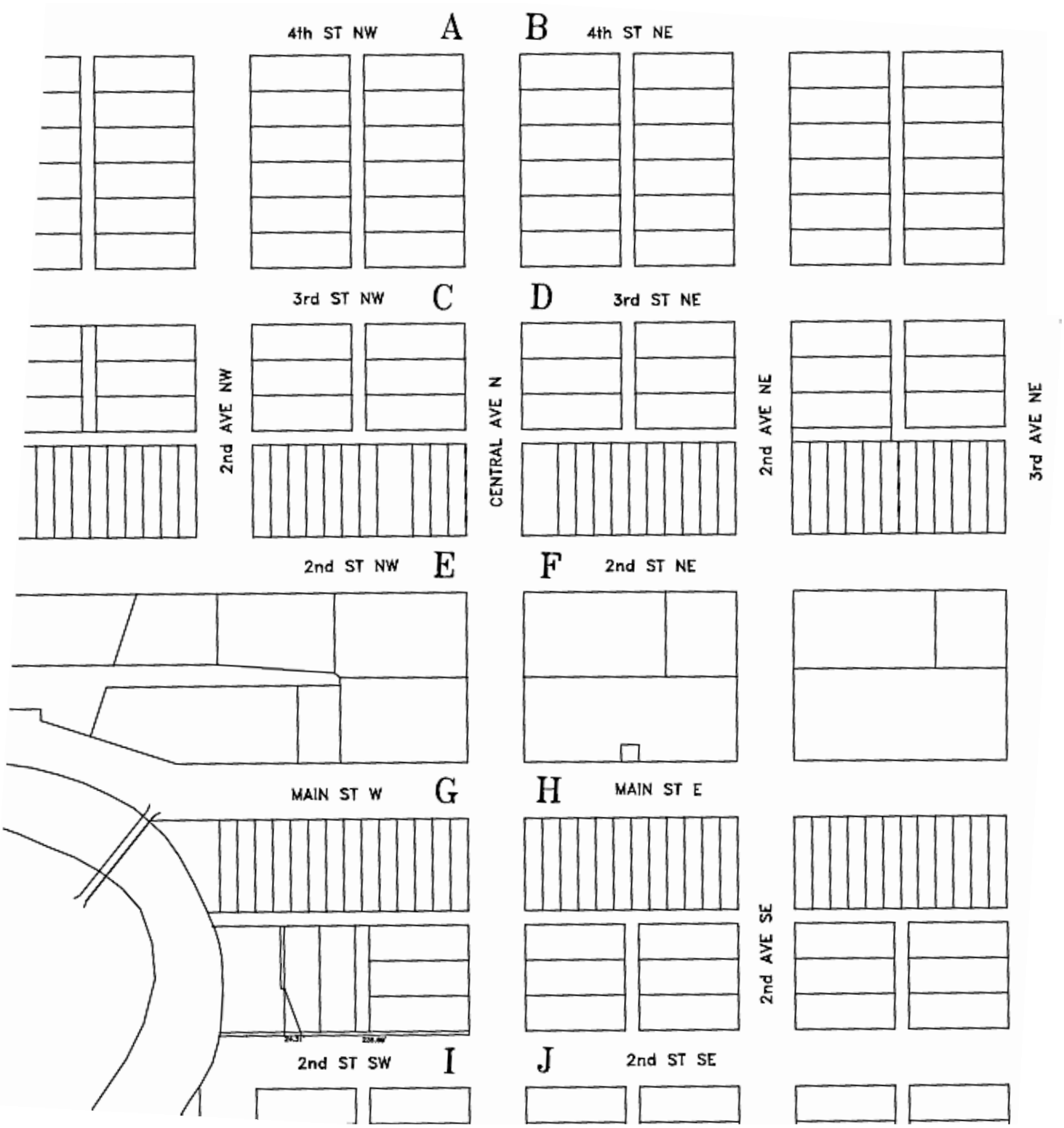
Electrical



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:**