



# City of Valley City, North Dakota Application to Block off Street

*Application should be submitted at least 14 days prior to event.  
This application will be reviewed by the City Commission which  
meets on the first and third Tuesdays of each month.*

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

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

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Street Location (List street to be blocked off from intersection to intersection): \_\_\_\_\_

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

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

Today's Date: \_\_\_\_\_

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### INDEMNIFICATION AGREEMENT

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

\_\_\_\_\_ AGREES 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.

\_\_\_\_\_ ALSO AGREES 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  
P. O. Box 390  
Valley City, ND 58072  
**Phone:** (701) 845 – 1700  
**Fax:** (701) 845 – 4588  
**Email:** [brandy.johnson@valleycity.us](mailto:brandy.johnson@valleycity.us)

<b>For City Use:</b> _____ Attach map
<b>Approved by:</b> Police Department _____ Street Department _____
<b>Approved by:</b> City Commission (date): _____
<b>Notified NDDOT:</b> _____ (if request includes Main Street)