



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

*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.*

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

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

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

Date & Time of Event: \_\_\_\_\_ Set Up Time: \_\_\_\_\_

Cleanup Time: \_\_\_\_\_

Street Location (*List street to be blocked off from intersection to intersection and include 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  
254 2nd Ave NE  
Valley City, ND 58072

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

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#### *For City Use:*

Map Attached: \_\_\_\_\_

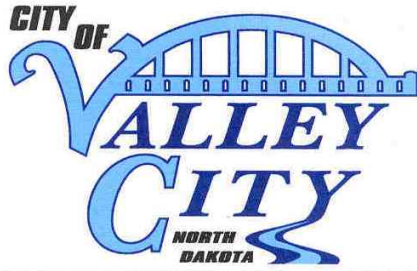
**Police Department Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

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**Public Works**

Phone: 701-845-0380

[www.valleycity.us](http://www.valleycity.us)

Hours: M-F, 8am - 5pm

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**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)	_____
Cement	_____

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

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

**Electric Department**

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

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

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

**Water Department**

Will water be needed? (Circle one) Yes No

Explanation of use:

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

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

**Additional Needs**

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# BARRICADES



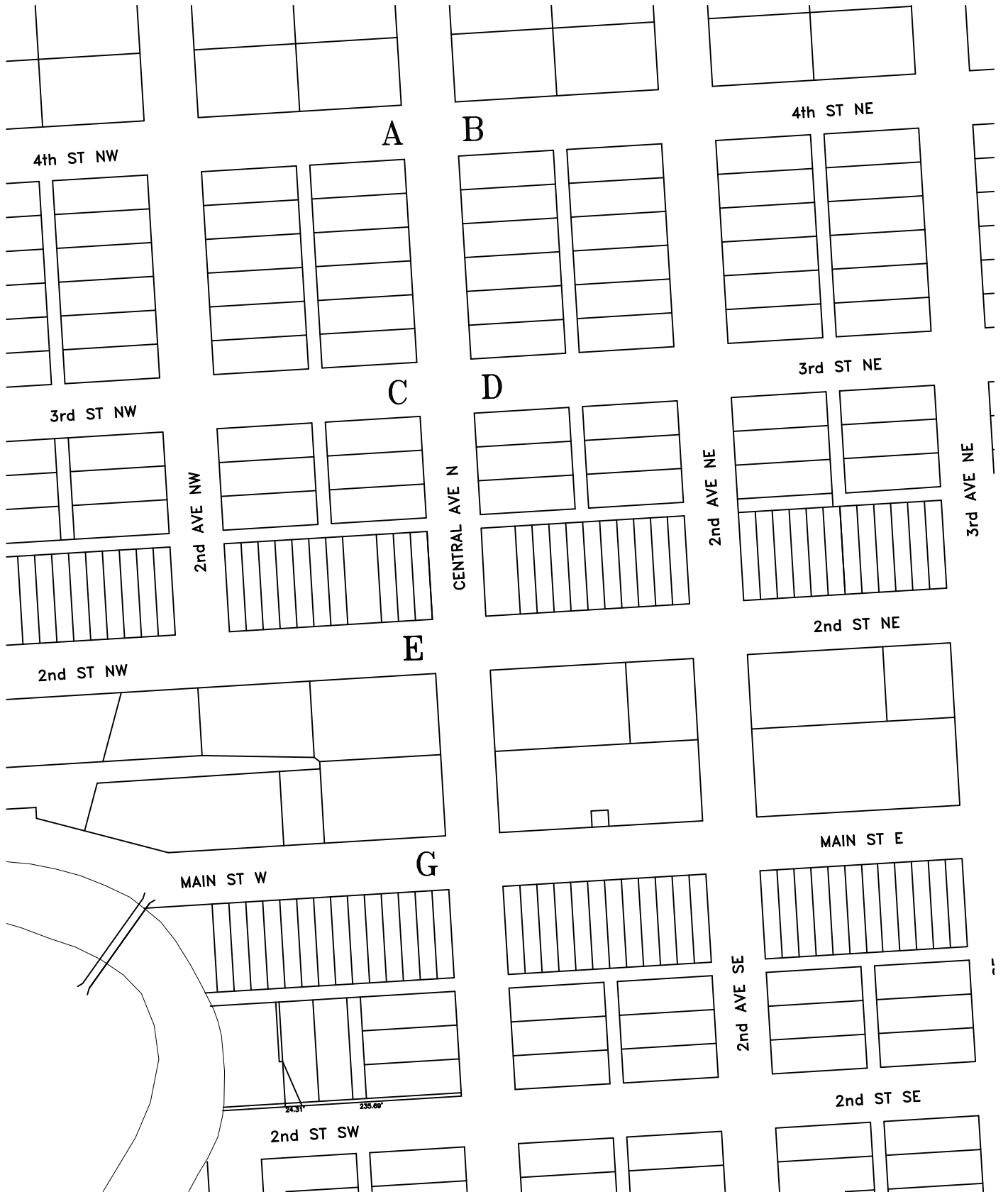
# Of Barricades at Each Location:

Type I

Type III

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

# ELECTRICAL



# and type of hookups at each location:

A=

B=

C=

D=

E=

G=

# WATER



Mark Where You Want Water Located:

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

# DUMPSTERS



Mark What Size Dumpster and the Location:

Available Sizes:  
2 Lid, 4Lid or 6Lid

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