



## APPLICATION FOR BLOCK PARTY OR PLAY STREET VILLAGE OF DOBBS FERRY

112 Main Street · Dobbs Ferry, NY 10522

APPLICATIONS SHALL BE FILED WITH THE VILLAGE CLERK  
AT LEAST THIRTY (30) DAYS PRIOR TO THE PLANNED EVENT

REQUEST FOR: ☐ BLOCK PARTY ☐ PLAY STREET

APPLICANT NAME: \_\_\_\_\_ APPLICANT TELEPHONE NUMBER: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT E-MAIL ADDRESS: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ RAIN DATE: \_\_\_\_\_

TIME START: \_\_\_\_\_ TIME END: \_\_\_\_\_ (No later than 10:00 p.m.)

# OF PERSONS (APPROXIMATELY) PARTICIPATING: \_\_\_\_\_ # OF PROPERTY OWNERS PARTICIPATING: \_\_\_\_\_

TYPE OF ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STREET/AREA TO BE BLOCKED OFF: \_\_\_\_\_

I HEREBY RELEASE THE VILLAGE OF DOBBS FERRY, ITS STAFF AND EMPLOYEES FROM ANY LIABILITY FOR DAMAGE OR LOSS OF EQUIPMENT AND/OR INJURY TO PERSONS WHICH MAY RESULT FROM OR DURING THE EVENT. \_\_\_\_\_ (INITIALS OF APPLICANT)

I AGREE TO AND AM RESPONSIBLE FOR EVENT ATTENDEES TO ABIDE BY ALL LAWS, RULES AND REGULATIONS. \_\_\_\_\_ (INITIALS OF APPLICANT)

ALL INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF THE APPLICANT'S  
KNOWLEDGE, INFORMATION AND BELIEF.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ REQUEST STATUS: APPROVED DENIED

COMMENTS: \_\_\_\_\_

SIGNATURE OF VILLAGE CLERK: \_\_\_\_\_

FOR BLOCK PARTY OR PLAY STREET INFORMATION, CALL THE VILLAGE CLERK, ELIZABETH DREAPER  
AT: 914-231-8504 OR E-MAIL AT: [ldreaper@dobbsferry.com](mailto:ldreaper@dobbsferry.com)