



TOWNSHIP OF BLOOMFIELD

POLICE DEPARTMENT- OFFICE OF
THE POLICE DIRECTOR
1 MUNICIPAL PLAZA
BLOOMFIELD, NJ 07003



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BLOCK PARTY APPLICATION

Name of Applicant: _____

Address of Applicant: _____

Phone #: _____

Date of Party: _____

Email: _____

Rain Date (if applicable) _____

Location of Party: _____

Intersection(s) of: _____ and _____

Start Time: _____

Finish Time: _____

(Earliest to be 8:00 am)

(Latest to be 10:00 pm)

Will alcoholic beverages be served? _____

If yes, they shall be served on private property and no one under legal age may be served.

Who will erect and take down police barricades that the Bloomfield Police Department in conjunction with the Bloomfield Department of Public Works will furnish to you?

Name: _____

Phone: _____

Address: _____

Date Barricades Delivered: _____

Date Barricades Picked Up: _____

THE APPLICANT UNDERSTANDS THAT IN THE EVENT OF AN EMERGENCY WITHIN THE BARRICADED AREA (BLOCK PARTY), EMERGENCY VEHICLES WILL HAVE IMMEDIATE ACCESS TO THE LOCATION OF THE EMERGENCY. THE APPLICANT FURTHER AGREES THAT ONLY ONE SIDE OF THE STREET WILL BE USED FOR TABLES AND CHAIRS TO PROVIDE ACCESS FOR EMERGENCY VEHICLES.

APPROVED: _____

DENIED: _____

POLICE DIRECTOR: _____

FOR DEPARTMENT

SAMUEL A. DEMAIO

USE ONLY

Applicant to complete this form and email back to: kkenny@bloomfieldnjpd.com