



## AVON POLICE DEPARTMENT BLOCK PARTY REQUEST FORM

Applicant Name:

\_\_\_\_\_  
Last First MI

Address:

\_\_\_\_\_  
Street Town State Zip Code

Contact Telephone:

\_\_\_\_\_  
(Telephone must be answerable during Block Party)

Street Location

of Block Party: \_\_\_\_\_ Date of Party: \_\_\_\_\_

### Rules:

1. Sidewalks or parkways may be used, however, no nets, etc. are allowed across street. Through streets are evaluated on a case-by-case basis. Critical thoroughfares may result in denial.
2. Block parties may block cul-de-sacs or dead-end streets. Blockades must be portable. Emergency vehicles must have immediate access.
3. All residents on the street must be invited to or be in agreement to the block party.
4. One (1) person only will be in charge of the block party. Name, address and contact phone number must be supplied. The telephone number must be answerable at all times.
5. Party is subject to laws (i.e., loud music, disorderly conduct). If a complaint is received regarding minor violations, the Avon Police Department will notify the person in charge with a warning by telephone. If a second complaint, or serious violation is received and verified by an officer, the person in charge will be requested to disband the party and/or move the party indoors.
6. Party must be off the street by dark.
7. Block parties are only authorized by the Chief of Police or his/her designee.
8. Applicant is responsible for obtaining barricades from the Department of Public Works and is responsible for return of barricades after the block party to the Department of Public Works.
9. Person in charge is responsible for clean-up of the party area. All block party debris must be removed when party has ended.

Forms can be emailed to Sgt. Gannon via [dgannon@avonct.gov](mailto:dgannon@avonct.gov)  
or mailed/dropped off to the Avon Police Department: 60 West Main Street, Avon, CT 06001

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(AVON POLICE DEPARTMENT USE ONLY)

Case Number: \_\_\_\_\_

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

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

\_\_\_\_\_  
Chief of Police (or his/her designee)

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

\_\_\_\_\_  
Chief of Police (or his/her designee)

Reason for Denial: \_\_\_\_\_