CITY OF ORANGE TOWNSHIP
ORANGE POLICE DEPARTMENT
29 PARK STREET, ORANGE NJ 07050
PROCEDURES FOR STREET CLOSING

TO OBTAIN PERMISSION TO CLOSE A STREET FOR A BLOCK PARTY THE FOLLOWING NEEDS TO BE COMPLETED

1. Have everyone on the street whose property will be affected by the closing sign a Petition giving their approval on the temporary closure, including those properties bordering the street on the corners. Also list addresses of citizens who have declined and where properties are vacant. Designate a contact person and list a telephone number where they can be reached during the day in case questions arise.

2. Bring the completed petition to the Police Department 2-3 weeks prior to the date of the street closing.

3. In order to be considered for approval we will need to know the following:

Will there be outdoor music or amplifiers?	Yes ( )	No ( )
Will you clean the street before the party?	Yes ( )	No ( )
Will you clean the street after the party?	Yes ( )	No ( )
Will you be providing your own security?	Yes ( )	No ( )

What is the reason for the closing? _____

_____

_____

OFF DUTY OFFICERS ARE AVAILABLE FOR $32/HOUR, IF SO DESIRED MIN. (3 HOURS)

4. In addition, the following must be adhered to:

   a. No alcoholic beverages or public drinking permitted
   b. Block closings will not exceed 9:00 p.m. or after dark
   c. Garbage containers must be provided
   d. City barricades must be secured after the event for pick-up by Public Works
   e. NO MORE THAN 5 HOURS PERMITTED FOR STREET CLOSINGS
   f. Only one closing per block year (exception – NNO Block closing)

NAME OF GROUP:

_____

_____

DATE OF EVENT:

_____

CITY OF ORANGE POLICE
STREET CLOSURE PETITION

CONTACT PERSON/NAME OR GROUP

_____

ADDRESS: _____

DAY PHONE #: _____ EVE. PHONE #: _____

THE UNDERSIGNED HEREBY PETITION THE CITY OF ORANGE TO CLOSE

_____
(STREET)

BETWEEN _____ AND _____

FOR A BLOCK PARTY TO BE HELD ON

_____
(DATE)

FROM _____ UNTIL _____
(TIME) (TIME)

REASON FOR EVENT
( ) NATIONAL NIGHT OUT
( ) COMMUNITY EVENT
( ) CHURCH EVENT
( ) OTHER

E-MAIL CONTACT #: _____ OPTIONAL

THE UNDERSIGNED ARE THE RESIDENTS OF THAT BLOCK AND ADJACENT TO IT.

NAME (PRINT CLEARLY)	ADDRESS	PHONE #
1.		
2.		
3.		
4.		
5.		

PHONE NUMBERS AND ADDRESSES ARE REQUIRED

NAME OF GROUP _____ DATE OF EVENT _____

6. _____

7._____

8._____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

- **YOU MUST PROVIDE THE ADDRESSES OF THOSE THAT DO NOT WISH TO SUPPORT A STREET CLOSING.**
- **NOTE ANY ADDRESSES THAT ARE VACANT.**

INCLUDE CORNER ADDRESSES FOR ADJACENT STREETS
STREET CLOSURES CAN NOT EXCEED 5 HOURS