

# CICERO BLOCK PARTY CHECKLIST

(To be completed by the Community Service Officer Assigned to the Block Party)

DATE AND TIME OF BLOCK PARTY: \_\_\_\_\_

LOCATION OF THE BLOCK PARTY: \_\_\_\_\_

ORGANIZER'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

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

COMMUNITY SERVICE OFFICER ASSIGNED: \_\_\_\_\_

## **Requirement**

## **Completed**

	<b><u>YES/NO</u></b>	<b><u>TIME</u></b>
Were temporary barricades removed from the roadway?		
Were temporary "No Parking" signs and street closure signs taken down removed?		
Was trash picked up and thrown in proper receptacles?		
Was food disposed of or brought inside someone's residence?		
Were all alcoholic beverages properly disposed of or brought Inside someone's residence?		
Were flyers and decorations removed?		
Were all tents, tables, chairs, grills, coolers and similar items removed from public property?		
Were all games, activities and music equipment removed from public property?		
Was the property generally cleaned up?		
Was the property restored to its previous condition?		
<b><u>Additional Information</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Did the block party end by 7:00 p.m.? If not, describe the reasons why _____		
Did the organizer and participants comply with your requests? If not, describe the circumstances _____		
List any issues (including, without limitation, criminal activity, fights, noise complaints, use of fireworks or property damage) that occurred at the block party: _____ _____		

Signature of CSO: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Water Department: \_\_\_\_\_ Date: \_\_\_\_\_