



**DATA COLLECTION FORM FOR A PERMIT TO HOLD A BLOCK PARTY  
 (Recreational Street Closing)**

Date of Application: \_\_\_\_\_ Ward: \_\_\_\_\_

*Please note: A block party permit cannot be used to close any thruway of Federal Aid Urban Street, to close a street with a bus route, to close any street prior to 8:00 am or past 10:00 pm, to close any street for more than (1) day in succession, or to close any street for commercial purposes.*

**Applicant Information:**

Permit Issued to: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please answer the following questions:**

Event Location (i.e. State Street from 1100 N. to 1199 N) - request can only be one (1) block long (street intersection to street intersection).

Street: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose: \_\_\_\_\_

What is the date of the event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

For a block party to be approved and issued by the Chicago Department of Transportation, the permit request must be entered by the Aldermanic Office in which the block party is taking place in the Service Request (CSR) system.

Entry of the request constitutes the Aldermanic request for a recreational street closing in accordance with the provisions of Section 9-12-040 of the Municipal Code of the City of Chicago.



## CHICAGO FIRE DEPARTMENT

Special Events

3510 South Michigan Avenue, 2<sup>nd</sup> Floor

Chicago, Illinois 60653

Fax: 312-745-3679

Attn: Chief Verdie P. Allen  
Coordinator of Special Events

I am requesting a C.F.D. fire truck or engine at the following event:

TYPE OF EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\* ALDERMANIC WARD: \_\_\_\_\_

TIME: \_\_\_\_\_

CONTACT PERSON'S NAME: \_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_

**\* NOTE: ALDERMANIC WARD MUST BE COMPLETED.**

I/we understand all C.F.D. equipment is considered "in service" meaning that should an emergency situation occur, it will take priority and C/F.D. will respond to that incident.

The C.F.D. will not turn on fire hydrants or give rides.

Confirmation for block parties can no longer be provided. The C.F.D. will make every attempt to honor all Block Party and special event requests.

**MOUNTED POLICE REQUEST FORM**

**BLOCK PARTY**

45th Ward Aldermanic Office  
4754 North Milwaukee Avenue  
Tel: 773-286-4545  
Fax: 773-286-4529

Requestor: \_\_\_\_\_

Organization: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Requested Start Time: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Zip Code: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax to:  
Mounted Police Request  
312-745-2068

# CANINE UNIT REQUEST FORM

## BLOCK PARTY

45th Ward Aldermanic Office  
4754 North Milwaukee Avenue  
Tel: 773-286-4545  
Fax: 773-286-4529

Requestor: \_\_\_\_\_

Organization: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Requested Start Time: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Zip Code: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax to:  
Canine Unit Request  
312-745-2068

**EVENT REQUEST FORM**

City of Chicago's  
**Bicycling Ambassadors**



30 North LaSalle Street, Suite 500  
Chicago Illinois 60602  
ph 312.744.8147  
fax 312.742.2422  
www.bicyclingambassadors.org

This request form is also available on-line at www.bicyclingambassadors.org

Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Address \_\_\_\_\_ Ward \_\_\_\_\_ Police District # \_\_\_\_\_

Start Time \_\_\_\_\_  A.M.  P.M. End Time \_\_\_\_\_  A.M.  P.M. Rain Date \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Have you done this event before?  Yes  No Did you issue a press release for this event?  Yes  No

Goals and/or message at the event \_\_\_\_\_

**Ambassadors should focus on:**

- adult bicycling safety
- child bicycling safety
- commuting, shopping and/or carrying by bike
- motorists share the road with bikers
- helmet fitting
- bus-rack demonstration

Ambassadors are requested to do:  display  presentation: length \_\_\_\_\_ minutes  news media interview

Have people been encouraged to bring their bicycles to the event?  Yes  No

What non-English languages will people speak at this event?  Spanish  Polish  Korean  Chinese  other \_\_\_\_\_

**Primary Contact Information**

**On-Site Contact for Event**

Organization	Organization
Name	Name
Phone	Phone
Address	Address
Zip Fax	Zip Fax
E-mail	E-mail

**AGES:**  1-5  6-8  9-11  12-17  18-24  25-30  31-65  66+ **No. of people expected:** \_\_\_\_\_

If this is a children's event, how will they arrive? \_\_\_\_\_

**Others attending**

- Gov't Officials:  No  Yes Who: \_\_\_\_\_
- Police Units:  No  Yes Who: \_\_\_\_\_
- News Media:  No  Yes Who: \_\_\_\_\_
- Sponsors:  No  Yes Who: \_\_\_\_\_
- Other \_\_\_\_\_

**SITE:**  indoor  outdoor If outdoor:  on grass  under tent  on pavement  on dirt

You will supply the Ambassadors:  a table  chairs  other \_\_\_\_\_  no equipment

If the Ambassadors are assigned a booth or location number, enter here \_\_\_\_\_ (Please attach site map if available.)

**Event Agenda - Will there be:** (Please attach event agenda or schedule if available.)

- Presentations:  No  Yes If yes, describe: \_\_\_\_\_
- Entertainment:  No  Yes If yes, describe: \_\_\_\_\_
- Items for sale:  No  Yes If yes, describe: \_\_\_\_\_
- Give-aways:  No  Yes If yes, describe: \_\_\_\_\_

**Ambassador Office use only:** Date received \_\_\_\_\_ Date confirmed \_\_\_\_\_ By whom \_\_\_\_\_  
 community event  Ambassador event  city event  school  park