



CITY OF CHICAGO
 Department of Transportation
 121 North La Salle Street, City Hall - Room #905
 Chicago, Illinois 60602
 Tel: 312-744-4652 Fax: 312-744-4627



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

Date of Application: _____ Ward: **50**

Please note: A block party permit cannot be used to close any thoroughway of Federal Aid Urban Street, to close a street with a bus route, to close any street prior to 8:00 A.M. or past 10:00 P.M., to close any street for more then one (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:

Even 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

Office of Special Events
3510 S. Michigan Ave., 2nd Flr.
Chicago, IL 60653
Fax: 312-745-3679
Fire-specialevents@cityofchicago.org

ATTN: Chief Curtis Hudson
Coordinator of Special Events

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

TYPE OF EVENT: _____

DATE: _____

TIME: _____

LOCATION: _____

CONTACT PERSON'S NAME: _____

CONTACT PERSON'S NUMBER: _____

***ALDERMANIC WARD:** _____

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

I/we understand all C.F.D. equipment is considered "in-service," meaning if an emergency occurs, it will take priority and the C.F.D. will respond to the incident.

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

Confirmations for block parties can no longer be provided. The C.F.D. will make every attempt to honor all Block Party or Special Event requests.

Requests MUST be submitted in a timely fashion and failure to do so may result in the inability to secure a fire engine or truck.

Request for Mounted Unit Attendance

Dear Assistant Deputy Superintendent – Special Functions Group,

I am writing to inform you of a special event and to request the Chicago Police Department Mounted Unit to be present, if possible.

Event:

Date of Event:

Time of Event:

Location:

Contact Person:

Address:

Phone:

Requests may be mailed or faxed to the following:

Address: Chicago Police Department
Special Functions Group – Unit 141
Attn: Assistant Deputy Superintendent
3510 South Michigan Avenue – 4th Floor
Chicago, Illinois 60653

FAX : 312.747.5395

CANINE UNIT REQUEST

F: 312-746-7282

Requestor: _____

Organization: _____

Date of Event: _____ Requested Start Time: _____

Service Address: _____

Mailing Address (if different): _____

Zip: _____ Contact Phone: _____

Alternate Phone: _____

**EVENT
REQUEST
FORM**

City of Chicago's
Bicycling Ambassadors



30 North LaSalle Street, Suite 500
 Chicago Illinois 60602
 ph 312.744.8251
 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 commuting, shopping and/or carrying by bike helmet fitting
 child bicycling safety motorists share the road with bikers 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