

City of Michigan City Board of Public Works and Safety Agenda Request Form

The Board of Public Works and Safety meets on the 1st and 3rd Monday of each month at 8:30 a.m. in the City Council Chambers located in the lower level of City Hall.

In order to be placed on a Board of Works meeting agenda, Individuals, Businesses, or Organizations are required to complete and submit an **Agenda Request Form including any supporting documents.**

The deadline for submitting the completed Agenda Request Forms and supporting documents is the Wednesday before the next regular Board of Works meeting. Agenda requests must be received in the City Clerk’s Office by 12:00 p.m. on the Wednesday before the scheduled board meeting. This deadline will be strictly enforced. No exceptions will be granted.

Please make sure that your contact information is accurate in case we need to get in touch with you.

A Certificate of Insurance showing a liability policy in full force and effect with limits of \$1,000,000.00 aggregate and naming the City of Michigan City as an additional insured for this event must be attached to your application before being placed on the meeting agenda.

RETURN FORM TO: Michigan City Board of Public Works & Safety
c/o: City Clerk
100 E. Michigan Blvd.
Michigan City, IN 46360

Any questions regarding this request contact City Clerk’s Office 873-1410

Date Submitted: _____ Requested Meeting Date: _____

Name of Person Submitting Request: _____

Name of Organization/Business (if applicable): _____

Address: _____

Contact Phone Number: _____

Type of Request: _____ Streetlight _____ Street Closure _____ Walk/Run
(Check One) _____ Vendor License _____ Block Party _____ Parade
_____ Other (Explain) _____

Date of Event: _____ Time(s) Requested for Event: _____

Description of Request: _____

ACKNOWLEDGEMENT OF RESPONSIBILITIES:

I understand that if the Board of Public Works and Safety grants my request, the following conditions and restrictions will apply:

- 1.) It is my responsibility to provide and maintain proof of liability insurance for this event at my expense.
- 2.) It is my responsibility to provide to the Board any additional licenses, permits and documentation for the event.
- 3.) I agree to abide by all terms and conditions of the Board's policy governing walks, runs, parades or other similar events.
- 4.) I understand in consideration for approval by the Board for the use of sidewalks/streets for my event, the undersigned agrees and undertakes to hold the Civil City of Michigan City, Indiana, free and harmless from any liability loss, damages and expenses including attorney fees, which the Civil City of Michigan City may suffer or incur as a result of any claims or actions which may be made by any person, including a participant in said activity, arising out of the approval to use the sidewalks/streets indicated in Michigan City. I also understand that the closure of streets/sidewalks does not exempt me or any participant from any State statues or local City ordinances.
- 5.) In order to ensure public safety during the event barricades are required for a street closure. I understand it is my responsibility to erect the barricades prior to the event, and to dismantle them when the event concludes.
- 6.) Any violations of State law or Local Ordinances (i.e. loud music, public intoxication, or consuming alcohol on public right away) may result in the immediate termination of my permit by the Michigan City Police Department.
- 7.) I understand if my application requires the hiring of off-duty police officers, it is my responsibility to contract the required number of officers prior to the event.
- 8.) If a roadway is being closed to vehicular traffic, it is my responsibility to ensure that any property owners that are affected by the closure are notified, and that ingress and egress to their property is maintained.

I have read the above acknowledgement of responsibilities and I understand and agree to them. I also understand that this application may be denied based on any false or incomplete information.

Dated this _____ day of _____ 201__

Authorized Signature: _____

Printed Name: _____ Phone: _____