



## BARRICADE & SAFETY CONE DEPOSIT & RESERVATION FORM

Name of Group or Individual: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Pick Up date: \_\_\_\_\_ Return date: \_\_\_\_\_

Number of Barricades: \_\_\_\_\_ (\$50.00 deposit required for every 4 barricades)

Number of Safety Cones: \_\_\_\_\_ (\$50.00 deposit required for every 5 cones)

Total Deposit: \_\_\_\_\_

Location of event: \_\_\_\_\_

### **Important Rules to Know:**

1. The City of Northfield reserves the right to cancel the use of barricades and cones should equipment be needed for a City declared emergency or City special event.
2. Those events requiring street closure, a sufficient number of barricades need to be used to cover area from curb to curb.
2. It is the responsibility of the renter to pick up and return barricades or safety cones from the City's Maintenance Facility located at 1710 Riverview Drive on the dates listed above. Business hours are Monday – Friday 8:00 am – 12:00noon, 1:00 pm – 5:00 pm. Failure to return barricades or cones by return date will result in loss of deposit fees.
3. City of Northfield staff will inspect barricades and cones upon return for cleanliness and condition.
4. The damage deposit will be destroyed upon receipt of an acceptable inspection report unless otherwise noted.
5. Barricades and safety cones are supplied on a first come first serve basis.

I, the undersigned, hereby agree to release and discharge the City of Northfield, its agents, officers, employees, volunteers and insurers from all claims, demands, actions, judgments and executions. This release includes all claims that I, or the group using the barricades or safety cones, may have against the City of Northfield for all personal injuries, death or property damage that may arise out of the use of the City of Northfield's barricades or safety cones.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **FOR DEPARTMENT USE ONLY**

Payment: Cash or Check# \_\_\_\_\_ Amount: \_\_\_\_\_ Damage Deposit: Cash or Check#: \_\_\_\_\_

Staff Initials Who Received Check: \_\_\_\_\_ Name of Staff Inspecting tables: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptable

Unacceptable

Damages (please list)

Barricades and Safety Cones:

\_\_\_\_\_