

Block Party Application

Today's Date _____

The required signatures have been obtained from the residents on the following block for the closing of:

(Street Name)

On: _____
(Date of Party)

Between _____ and _____
(Intersecting Street) (Intersecting Street)

Between the time of _____ and _____
(Starting Time) (Ending Time Can Be No Later Than Dusk)

NOTE: Street must be cleared by dark

Barricades should be dropped off at:

Address: _____

Name of Person Receiving the Barricades:

PHONE NUMBER: _____

Alternate Phone: _____

Signature: _____

CC: STREET DEPARTMENT
POLICE DEPARTMENT
FIRE DEPARTMENT
COUNCILMAN