

BLOCK PARTY REQUEST FORM

PLEASE PRINT

Location of Block Party:		
Date of Party:	Time: From	to
Name of contact person	o charge must be over the age of 21	
Contact person's home address		
e-Mail Address		
Home/Cell Phone	Work Phone _	
Will the street be barricaded?	Yes No	_
If yes, how will they be barricaded	?	
Approximately how many people of Will you require a uniformed police of yes, you must contact the Police	e officer? Yes	
Signature	 Date	
Please note: this approval does NOT of the ordinances applicable to parking, not the ordinances applicable to parking applicable to the ordinances applicable		to all County & State Statutes and City
Approval by Authorized City Officia	als:	
City Manager	Police Chief	
Fire Chief	 Public Services	S Director