

2018 Block Party Application



Name of Street for Block Party: _____

Date of Party: _____

Time of Party: _____

Maximum # of People Expected: _____

Individual responsible for party

Name: _____

Address: _____

Phone Number: (_____) _____

Signature: _____ Date: _____

Please Note:

Cones will be delivered to above address; cone placement is the permit holder's responsibility. Please have cones ready for pick up by 7:00am; the next working day after the block party.

Mayor's Approval: _____

OPTIONAL

Request for the Mayor's attendance Approximate Time _____

Request for your Councilman to attend Approximate Time _____

Request for a Police Cruiser Approximate Time _____

Request for Fire Truck: **Approximate Time** _____

**PLEASE NOTE THE FIRE TRUCKS ARE
UNAVAILABLE BETWEEN 5:00-6:00PM**

