

# 2017 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 FIRETRUCKS ARE UNAVAILABLE BETWEEN 5:00-6:00PM**

