

BLOCK PARTY APPLICATION

PETITION TO BLOCK OFF _____
(Street Name)

Addresses: _____ Entire Street OR From: _____ to _____
(Please indicated address range)

Date: _____ Times: _____ to _____

Submitted by: _____ Phone: _____

Address: _____ Date Submitted: _____

By signing the petition below, you are in agreement with the desire to have the above-mentioned street or addresses temporarily closed off to through traffic during the indicated day and times in order to help us have a safer Block Party. We will keep the street clear for emergency vehicles or those residents who are not attending the party and wish to use the street.

Name (Please print)

House #

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |
| 16. _____ | _____ |

Name (Please print)

House #

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

33. _____

34. _____

35. _____

36. _____

37. _____

38. _____

39. _____

40. _____
