

BLOCK PARTY PERMIT APPLICATION

****ROAD CLOSURES WILL ONLY BE APPROVED FOR BONA FIDE "BLOCK" ACTIVITIES**

1. Applicant(s)

Name _____ Address _____ Telephone _____

2. Name of Official Organization (if applicable) _____

Responsible Members:

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

3. Date of Block Party _____ Rain Date _____

4. Name of Street to be closed _____

5. Name of Intersecting Streets (both ends) _____

6. Approximate Number of Persons who will be participate/attend Block Party _____

7. Start Time of Block Party _____ End Time of Block Party _____

8. Statement explaining exact location of barricades to block traffic: _____

9. Name, Address and Telephone number of individual responsible for placing and removing barricades _____

*10. On the reverse side, please list the names and addresses of as many "Block" participants as possible and a description of the activities planned to take place.

DO NOT WRITE BELOW THIS LINE

Police Department Approval _____ Date _____

Council Meeting Date _____ A/D _____

Borough Clerk Approval _____ No. _____