

2024 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**

