



Block Party Request Form

PARTY COORDINATOR INFORMATION:

Name: _____ Email: _____@_____

Address: _____ Phone: _____

PARTY INFORMATION:

Time of Party: _____ to _____ Date of Party: _____

Subdivision: _____

Closed Street: _____

Between: _____ & _____

PARTY RULES:

- If there is a fire/medical/police emergency, barricades must be removed
- Fire hydrants must be accessible at all times
- No food or beverages may be sold
- After-party cleanup is the responsibility of the Block Party Coordinator

Coordinator's signature indicates that they have read and understood the Village's Block Party Rules and agree to abide by and adhere to these rules.

Coordinator's Signature _____

SUBMISSION CHECKLIST:

- Completed Block Party Request Form
- Resident Signature Form with 75% of affected residents signatures
- Barricades Needed: _____ Yes _____ No

ROUTING/NOTIFICATIONS *(Office Use Only)*

___ FIRE DEPT

___ POLICE DEPT

___ PUBLIC WORKS

