



# BLOCK PARTY REQUEST FORM

CONTACT PERSON: \_\_\_\_\_  
LAST FIRST

ADDRESS OF CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ALTERNATE PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LOCATION OF BLOCK PARTY: \_\_\_\_\_  
(INCLUDE SPECIFIC STREET ADDRESSES OF STREET CLOSURE/PARTY)

DATE OF BLOCK PARTY: \_\_\_\_\_

TIME OF BLOCK PARTY: \_\_\_\_\_  
START TIME END TIME

REQUEST A NOISE PERMIT:  YES  NO

LIVE BAND / DJ / AMPLIFIED NOISE:  YES  NO \_\_\_\_\_  
(CIRCLE) START TIME END TIME

ADDRESSES AFFECTED BY BLOCK PARTY WITH SIGNATURE OF RESIDENTS:

ADDRESS: _____	SIGNATURE: _____

(ADDITIONAL ADDRESS LINES ON REVERSE)

**\*\*\*\*MINIMUM 1 WEEK TO RECEIVE BLOCK PARTY LETTER\*\*\*\***

SPECIAL REQUESTS OR OTHER INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

