BLOCK PARTY APPLICATION

This application must be submitted to the Borough Manager no less than 10 days prior to the block party.

Date of Application:

Name of Applicant:

Address:

Phone Number:
Email:
Street where gathering will take place, including the starting point and termination point of public gathering:

Date of Block Party: _____

Start Time: _____   End Time: _____

Expected number of people: _____

Have all your neighbors been notified? _____

How did you notify them?_____

Did any neighbors object? _____

If available, are you requesting barricades? _____

Signature_____   Approved _____ Date_____
　　　　　Applicant   Borough Manager