



You couldn't pick a better place.

Mayor
Susan Shin Angulo

Patti Chacker
Township Clerk
Registrar of Vital Statistics

BLOCK PARTY APPLICATION

DEVELOPMENT/SUBDIVISION/NEIGHBORHOOD

APPLICANT

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

TELEPHONE:

HOME _____ CELL _____

DATE BLOCK PARTY REQUESTED _____

ESTIMATED ATTENDANCE _____ HOURS _____

WILL THERE BE ANY FOOD OR BEVERAGE SOLD: _____

WILL THERE BE ANY MERCHANDISE SOLD: _____

PLEASE LIST THE DATES OF THE LAST THREE (3) SUCH EVENTS: _____

I hereby certify that this application is authorized by the residents whose signatures appear on the attached Petition for a neighborhood block party. I further certify that I and also those present will confirm to all applicable laws of this jurisdiction.

APPLICANT'S SIGNATURE ADDRESS DATE

PRINT NAME
.....

Police Traffic Safety Unit Approve _____ Deny _____

Chief of Police Approve _____ Deny _____

PETITION TO REQUEST APPROVAL FOR A NEIGHBORHOOD BLOCK PARTY

Please print name and address clearly on the lines below and sign your name ONLY if you are

in support of a Block Party in your neighborhood on _____, _____, _____, 20____
DAY MONTH DATE YEAR

NAME

ADDRESS

TELEPHONE #

SIGNATURE

_____	_____	_____	_____
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(2)
