



**REQUEST FOR BLOCK PARTY**

Today's Date:

Contact / Organizer's Name:  Organizer's Phone:

Organizer's Address:

Block Party Date:  Starting time:  Ending time:

Actual address(es) or location(s) participating:

Details of party plans:

- **The Board of Aldermen will approve or deny all "Block Parties".**
- **The Board of Aldermen meet on the 2<sup>nd</sup> and 4<sup>th</sup> Mondays of each month.**
- **This request must be submitted at a minimum of 45 days prior to the event.**

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***For Office Use Only***

Approved: \_\_\_\_\_ BOA Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ BOA Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_