BLOCK PARTY / STREET CLOSURE RESIDENT AUTHORIZATION FORM

(All residents to be affected by the requested street closure must be notified and must approve the closure and sign below)

Street Address	Printed Name	Signature	Approve?
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
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			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No
			[ ] Yes [ ] No

Contact Certification: I hereby certify that all residents to be affected by this requested street closure have been notified and have approved the closure by affixing their signatures above.

Applicant Signature

Date