



**BLOCK PARTY
ABUTTING NEIGHBORS CONSENT**

Block Party Date: _____

Street Closure / Restriction Time: From _____ to _____ (Time of block party should be within this period of time; allow time for setup and take-down, and during daylight hours only)

Street(s) Closed / Restricted: _____ (Local street)
from _____ to _____

The undersigned is a resident at the address listed, which abuts or has frontage on the Street Closed / Restricted name above, and consents to the closure or restriction of the Street during the period stated above.

Date(s) Signature Collected: From: _____ to _____

Street Number / Street Name	Resident Name (Legible) One resident from each property	Resident Signature

Applicant: Use additional sheet if necessary. Submit with Block Party application.