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 named 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**.