

**Village of Allouez Block Party Requests**

Requested date: \_\_\_\_\_

Start time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

**ALL BLOCK PARTIES MUST END BEFORE DUSK!**

Number of people: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Name:

Address

Phone Number

State specifically where the street will be blocked off – from what address to what address: \_\_\_\_\_

**YOU ARE RESPONSIBLE FOR PROVIDING YOUR OWN BARRICADES AND YOU MUST LEAVE ACCESS FOR EMERGENCY VEHICLES TO GET THROUGH.**

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Department Heads – Please initial your approval below. If you have a specific problem with the request, please write next to your name.

Public Work’s Director \_\_\_\_\_

Fire Chief \_\_\_\_\_

Administrator \_\_\_\_\_

Date Approval given: \_\_\_\_\_