FOX CROSSING POLICE DEPARTMENT
BLOCK PARTY AUTHORIZATION FORM

I have been made aware that _____ between _____
Name of road Name of road

and _____ will be closed to thru traffic on _____ from
Name of road Day/Date

_____ to _____ to accommodate a block party.
Start time End time

Contact Person's Name: _____ Date Submitted_____
MUST BE AT LEAST 3 DAYS BEFORE EVENT

Address: _____ Phone: _____

EMAIL ADDRESS: _____

All residents affected by street closing must be notified. List each address and owner's signature below.

Address:	Signature:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Additional address/signature lines on page 2)

Unless otherwise requested, barricades will be delivered to the contact person's residence at least one day prior to the block party. The contact person will be responsible for the placing and removing of the barricades at the scheduled times. **PLEASE RETURN THE BARRICADES TO THE "CONTACT PERSON'S" RESIDENCE FOR PICK UP.**

_____ Approved □ Denied □ _____
Timothy W. Callan, Police Chief Date

Check box and initial when copies are distributed

CC: Street Department Superintendent □
Asst. Street Department Superintendent □
Block Captain □
C.L.O. □
Shift Supervisor □

Block Party Authorization Form Continued

Name of Street: _____

Address:	Signature:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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