

# SHILLINGTON POLICE DEPARTMENT



## Neighborhood Block Party Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Person "on site" day of: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

### Block Party Information

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Street to be closed: \_\_\_\_\_

Between (Street Name): \_\_\_\_\_

And (Street Name): \_\_\_\_\_

What is the purpose of your neighborhood party: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your expected attendance: \_\_\_\_\_



Will your neighborhood block party have amplified sound? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your neighborhood block party involve the sale or consumption of alcoholic beverages? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will there be food at your neighborhood block party? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will items or services be sold at the neighborhood block party? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your neighborhood block party be advertised? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will residents be notified of proposed street closure? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will any apartment complexes be affected? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_