

**APPLICATION FOR BLOCK PARTY**

(Return to: Board of Selectmen, 35 Central Street, Stoneham)

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

Applicant Address: \_\_\_\_\_

Applicant Day Phone#: \_\_\_\_\_

Applicant Evening Phone#: \_\_\_\_\_

Location of Block Party: \_\_\_\_\_

Locations to be blocked off (Draw a diagram):

Date and time: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signatures, with addresses, of all neighbors who will be affected by the Block Party:

**Name**

**Address**

Block Party requests must be received in the Selectmen's office by the Wednesday preceding the meeting that precedes the Block Party.

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For Office Use Only:

Approved: \_\_\_\_\_  
                  Chief of Police

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