

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.

For Office Use Only:

Approved: _____
Chief of Police
