



Office of the Clerk
Marguerite Greco



TOWN OF TONAWANDA

BLOCK PARTY REQUEST FORM

STREET NAME FOR PARTY BEING HELD: _____

DATE OF EVENT (INCLUDE DAY OF WEEK): _____

RAIN DATE: _____

TIME – BEGINNING: _____ ENDING: _____

MY NEIGHBORS FOR THE BLOCK INVOLVED HAVE BEEN NOTIFIED AND ARE IN AGREEMENT WITH HAVING A BLOCK PARTY. ___ YES ___ NO

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

BARRICADES TO BE DELIVERED TO:

ADDRESS: _____

BARRICADES TO BE PLACED:

STREET NAMES: _____

* I AM REQUESTING EXEMPTION FROM THE TOWN'S OPEN CONTAINER LAW

YES

NO



(Signature Required)