NAME OF EVENT

Block Party Neighborhood Signatures Form

VER010524

DATE OF EVENT	START TIME Start and end		APPLICANT Must be same name as on County Permit application.		APPLICANT PHONE #	APPLICANT PHONE #	
		time refers to street closure					
EST'D ATTENDANCE	END TIME	ID I IME periods. All		Address	Appliant Email	Appliant Email	
		events conclude at 10 PM latest.					
STATE IF FOOD OR ALC	COHOL WILL BE SOLD AT	EVENT					
application process location indicated f	s. In accordance wit for the given dates a	h the Special E and times. Pe	Event Perm rmit guidel	Block Party. This signature form mu it process, the undersigned agree to a ines are found at: https://countyroa mit guidelines for percentage of resign	allow a street closure to thru ds.sccgov.org/special-event-p	traffic at the permits	
ADDRESS #	STREET NAME			PRINTED NAME	Signature		

STREET TO BE CLOSED AND BOUNDARIES (CROSS STREETS)