

# City of Hilliard Block Party Application



Permit # \_\_\_\_\_

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

Address \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

This street(s)/subdivision/organization is hosting the block party: \_\_\_\_\_

Date of block party: \_\_\_\_\_

Time street will be blocked off: From \_\_\_\_\_ to \_\_\_\_\_

\*\*\*You are responsible for providing and erecting barricades for the block party.

List below each street address that will be affected by the street closure. One adult from each affected home needs to sign their name, signifying their permission for the street closure. Use additional paper, if needed.

<u>Street Address</u>	<u>Signature</u>	<u>Print Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments (i.e., "Only the cul-de-sac will be blocked off." "Brown Rd will be blocked off between Red Dr and Yellow Dr.")

Return the completed form to: City of Hilliard Division of Police, Attn: Chief of Police,  
5171 Northwest Parkway, Hilliard, Ohio 43026. Call (614) 334-2140 with questions.