



## CASTLE SHANNON BOROUGH

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# BLOCK PARTY REQUEST FORM

Name of person or persons sponsoring the party: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Block Party: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Hours of Block Party: \_\_\_\_\_ to \* \_\_\_\_\_

Street(s) to be barricaded: \_\_\_\_\_

Location of barricades: \_\_\_\_\_

**(Barricades will be provided by the Borough)**

**Sponsor is responsible for clean-up of area following the event.**

**\*(Ending hours for block parties must not exceed 11:00 p.m.)**

Approved By: \_\_\_\_\_  
Mayor, Castle Shannon Borough

Date Approved: \_\_\_\_\_