



BLOCK PARTY REQUEST

Complete and return request to: City Manager's Office
164 E. Lincoln Highway, DeKalb, Illinois 60115
Phone: (815) 748-2396

PLEASE ALLOW THREE (3) WEEKS FOR PROCESSING
*****A MAP OF THE REQUESTED SECTION OF STREET TO BE CLOSED IS REQUIRED*****

Name: _____

Address: _____

Telephone No.: _____ Email Address: _____

Date of Event: _____ Beginning & End Time: _____

Type of Event: _____

Street to be Closed: _____

From (intersecting street): _____ To (intersecting street): _____

Collect one signature from each resident in the affected area *even if they are not participating in the event.*

(Please use a separate piece of paper if additional space is needed.)

NAME	ADDRESS	SIGNATURE

FOR USE BY CITY PERSONNEL ONLY

E-mail complete event application to the staff listed below for review before scheduling a meeting (a meeting may not be necessary).

Police Department Date: _____

Fire Department Date: _____

Public Works/Streets Date: _____

Date and Time of Event Discussion Meeting (if required):

☐ Approved on: _____

☐ Denied on: _____