



BLOCK PARTY REQUEST

Complete and return request to: Ruth Scott, City Manager's Office
 200 S. Fourth Street, DeKalb, Illinois 60115
 Phone: (815) 748-2090
 Email: ruth.scott@cityofdekalb.com

**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): _____ <input type="checkbox"/> Approved on: _____ <input type="checkbox"/> Denied on: _____
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