

BLOCK PARTY INFORMATION to be approved by City Council. Please return this form to the City Clerk's office, or email the form to cityclerk@waukeganil.gov prior to the next scheduled city council meeting. **ORIGINAL SIGNATURES FROM NEIGHBORS, AND ALDERMAN, MUST BE INCLUDED!**

Ward #: _____ Alderman Name: _____ Block Party Date: _____
 Start Time: _____ End Time: _____ Expected Attendance: _____
 Street Closure Location: From - _____ To - _____
 Deliver Barricades to: _____ Time: _____ AM PM

REQUESTER INFORMATION

Requester Name: _____ E-mail: _____
 Requester Address: _____
 Home Phone: _____ Cell Phone: _____

NEIGHBOR INFORMATION/AUTHORIZATION (Three different addresses from same block)

1. Name: _____ **Signature:** _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
2. Name: _____ **Signature:** _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
3. Name: _____ **Signature:** _____
 Address: _____
 Home Phone: _____ Cell Phone: _____

REMARKS

_____ Alderman Name _____ **Alderman Signature** _____ Date

FOR OFFICE USE ONLY

RECIEVED BY DEPUTY CITY CLERK: _____
 DATE OF COUNCIL APPROVAL: _____
 DATE SENT TO DEPARTMENT HEADS: _____