

**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: \_\_\_\_\_