



Office of the Clerk
Marguerite Greco



TOWN OF TONAWANDA

BLOCK PARTY REQUEST FORM

STREET NAME FOR PARTY BEING HELD: _____

DATE OF EVENT (INCLUDE DAY OF WEEK): _____

RAIN DATE: _____

TIME – BEGINNING: _____ ENDING: _____

MY NEIGHBORS FOR THE BLOCK INVOLVED HAVE BEEN NOTIFIED AND ARE IN AGREEMENT WITH HAVING A BLOCK PARTY. ___ YES ___ NO

CONTACT INFORMATION

NAME: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____

BARRI
CADES
TO BE
DELIVE
RED TO

ADDRE
SS:

BARRICADES TO BE PLACED:

STREET NAMES: _____

* I AM REQUESTING EXEMPTION FROM THE TOWN’S OPEN CONTAINER LAW

YES NO



(Signature Required)