

# BLOCK PARTY REQUEST FORM FOR STREET CLOSING

1. Street to be closed: \_\_\_\_\_, between \_\_\_\_\_ and \_\_\_\_\_  
(street name) (intersection)  
\_\_\_\_\_  
(intersection)
2. Date and time frame for street closure. \_\_\_\_\_
3. Expected number attendees: \_\_\_\_\_
4. Have all residents, impacted by the street closure, been notified of this request.  YES  NO  
If not, who was not contacted and why not? \_\_\_\_\_  
\_\_\_\_\_

Name and address of the person requesting the street to be closed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

For information or assistance, please contact the Department of Public Works at (920) 324-7918.

APPROVAL—CITY TO COMPLETE

\_\_\_\_\_ Police Department

\_\_\_\_\_ Fire Department

\_\_\_\_\_ Public Works Department

CITY OF WAUPUN, 201 E MAIN ST, WAUPUN, WI 53963