BLOCK PARTY APPLICATION

CITY OF GRAND HAVEN

Name:	Phone:	Date(s) of Closure:	
Address:	Street(s) t	to be Closed:	
 divert through traffic. Applicant must secure si (below). Applicant must provide a Applications shall be sub One block party per block 	ignatures of at least 1/2 of t a copy of their homeowner bmitted at least one month	of event and requested location of barricad the property occupants with driveways on the s insurance policy as evidence of coverage. In prior to requested event date no charge; additional closures will require a surplick up.	e street
By signing below, I certify th	hat I am either a participar Signature	nt or supporter of the proposed block party Address	l :
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