

Town of Schererville Block Party Application

Coordinator: _____

Phone: _____

Location: _____

Barricades

Date: _____ Time: _____

Music

We, the undersigned residents, understand and agree to the restricted access to the area listed above due to a block party on the date listed above.

	Printed Name	Signature	Address
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Approved by:

Police Department: _____

Date: _____

Public Works: _____

Date: _____

Code Enforcement: _____

Date: _____