

POLICE DEPARTMENT

CITY OF NEWARK

220 South Main Street · Newark, Delaware 19711 302.366.7100 · Fax 302.366.7115 · www.newarkde.gov

APPLICATION FOR A BLOCK PARTY PERMIT

Name of R	esponsible Person	:		
Address:				
Phone:		Organization:		
I/We Here	by request that			
			(Street)	
		_between the hours	of	
	(Date)		(Time)	
(Not to exc information		the purpose of holdi	ing a block party. I have enclosed the	e following
a.	A petition with the names, addresses, and signatures of at least 60% of the heads households or their responsible adult representative abutting the area of the righ of-way proposed for closing.			
b.	A sketch showing the location of the proposed activity. The sketch will show the location of any temporary structures or equipment, the names and addresses of abutting residents, and the location of fire hydrants in the area to be closed off.			
C.	Statement of any	support or equipme	nt requested from the City of Newa	rk.
			Signature of Responsible	 Person

THIS FORM MUST BE RECEIVED BY THE POLICE DEPARTMENT AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE DATE OF THE BLOCK PARTY.

RETURN FORM TO:

Special Enforcement Division Commander Newark Police Department 220 South Main Street Newark, DE 19711

Phone: (302) 366-7100 option 7 then option 2

Fax: (302) 366-7115

policeforms@newark.de.us