



# THE MUNICIPALITY OF NORRISTOWN - BLOCK PARTY PERMIT APPLICATION

<b>GROUP NAME:</b>		<b>CONTACT PERSON:</b>	
<b>STREET TO BE CLOSED:</b>		<b>DATE OF EVENT:</b>	

All applications must include at least one adult signature from EACH residential household on the block in which this event is to take place.  
This application will not be approved without the necessary signatures.

**By signing below, I give my consent to allow the block party indicated above to occur in my neighborhood / on my block.**

<b>DATE SIGNED</b> La Fecha	<b>PRINT NAME</b> Nombre en Imprenta	<b>SIGNATURE</b> Firma	<b>ADDRESS</b> Dirección	<b>PHONE NUMBER</b> Número de Teléfono	<b>EMAIL</b> Correo Electrónico