



City of Hilliard Block Party Application

Permit # _____

Contact: Name _____

Address _____

Daytime Phone: (_____) _____ Home Phone: (_____) _____

This street(s)/subdivision/organization is hosting the block party: _____

Date of block party: _____

Time street will be blocked off: From _____ to _____

***You are responsible for providing and erecting barricades for the block party.

List below each street address that will be affected by the street closure. One adult from each affected home needs to sign their name, signifying their permission for the street closure. Use additional paper, if needed.

Street Address

Signature

Print Name

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments (i.e., "Only the cul-de-sac will be blocked off." "Brown Rd will be blocked off between Red Dr and Yellow Dr.")

Return the completed form to: City of Hilliard Division of Police, Attn: Chief of Police,
5171 Northwest Parkway, Hilliard, Ohio 43026. Call (614) 334-2140 with questions.