

CITY OF DEARBORN CITY CLERK'S OFFICE BLOCK PARTY PETITION

(Valid for five years from____)

BLOCK PARTY LOCATION:

SPONSOR'S NAME:_____

SPONSOR'S TELEPHONE NUMBER: _____

The block party sponsor must obtain the signatures of at least 50% of the residents in the immediate area of the block party.

	Resident's Name	Resident's Address	Resident's Telephone number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			