



CITY OF DEARBORN  
CITY CLERK'S OFFICE  
BLOCK PARTY PETITION

Valid for one (1) year from date of party.

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
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