



CITY OF DEARBORN
CITY CLERK'S OFFICE
BLOCK PARTY PETITION

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

SPONSOR'S ADDRESS: _____ Date: _____

SPONSOR'S NAME: _____ Time: _____

SPONSOR'S TELEPHONE NUMBER: _____ Alt Date: _____

STREETS TO BE BLOCKED: _____

The block party sponsor must obtain the signatures of at least 50% of the residents in the immediate area of the block party. Include both sides of the street to be blocked.

	Resident's Name	Resident's Address	Resident's Telephone number
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