

TOWN OF MARBLEHEAD Block Party Sign-Off and Request Form

(This form must be completed, signed and returned to the Select Board's office *prior* to the Select Board considering any request for a block party to be approved. Please attach a cover letter to the Select Board stating the street name, date and times to be blocked and any additional information.)

The following residents of (street)		hereby request permission to block off	
(street) on (date)			
from (time)	to	:	
NAME	ADDRESS	TEL. NO.	COMMENTS
THIS REQUEST IS SUBMITTE	D BY:		
Name	Tel	Email	
SIGN-OFFS (Must be completed			
Fire Department		Date:	
Police Department		Date:	
Town Administrator		Date:	

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