

Block Party Permit City of Medina

Name: _____ Today's Date: _____

Address: _____

Telephone Number: _____ Date of Block Party: _____

Location of Block Party: _____

(Please note: the City of Medina no longer provides barricades for block parties. If you are requesting a street(s) to be blocked off, please indicate which street(s) below. You are responsible for blocking the listed street(s). Please be aware that one lane needs to be left open for emergency crews or other residents who need to get through)

Which street (and what part of street) to be blocked off? _____

Name(s), address, and phone number(s) of residents participating:

I have read and fully understand the rules and regulations regarding this permit

Signature of Applicant: _____ Date: _____

APPROVED BY: Service Director: _____ Date: _____

Police Chief: _____ Date: _____

Mayor: _____ Date: _____