

REQUEST FOR BLOCK PARTY and/or BARRICADING OF CITY STREETS

(To be sent to: Livonia City Council, c/o City Clerk, 33000 Civic Center Drive, Livonia, MI 48154-3097
or hand delivered to the City Clerk's Office at least 8 weeks prior to the planned event)

PLEASE PRINT

Date of Application _____

Name of Neighborhood Representative

Address (please include zip code)

Telephone Number: Home _____

(please include area code) Office _____

Please circle what is being requested – **“BLOCK PARTY”** and/or **“STREET BARRICADING”**

Date of Block Party and/or Barricading

Rain Date

Time of Block Party and/or Barricading
(Ending Time – No Later than 10:00 p.m.) (Be as specific as possible)

Location of Block Party and/or Barricading.
(Be as specific as possible – indicate what **streets** as well as what **boundaries**).

Type of Event (Describe briefly activities planned, i.e. music, barbecue, games, etc.)

Approximate Number Attending: _____

Date of Council Approval/Denial: _____

Council Resolution Number: _____