City of Dallas

Date	**/ /**	**Estimated Attendance**	
Start Time	**: AM/PM**	**End Time**	**: AM/PM Cannot exceed 10 PM**
Location			
Cross Streets	**To**	**From**	
Contact Person		**Phone**	

In accordance with the block party permitting process, the undersigned agree to allow street closure to thru traffic at the location indicated for the given date. The undersigned understand that they will supply all necessary state approved barricades and signs to meet with the city's requirements. **Note: 100% of the residents living within the closure must agree.**

ADDRESS	PRINTED NAME	SIGNATURE
Example:1234 Marilla St	John Doe	John Doe

ADDRESS	PRINTED NAME	SIGNATURE