

NATIONAL NIGHT OUT BLOCK PARTY REGISTRATION

DIXON POLICE DEPARTMENT BLOCK PARTY APPROVAL REQUEST FORM

Name of Coordinator

Telephone Number

The above named is responsible for the placement and removal of barricades and "policing" of all right-of-way areas prior to the removal of barricades.

Neighborhood Name: _____ Proposed Hours of Event: _____

RULES/REQUIREMENTS

- A. That the request for the Block Party be acknowledged by "ALL" neighbors living within the proposed barricaded area.
- B. That barricading or closing a street will not create a major traffic circulation problem.
- C. That only cul-de-sacs and neighborhood streets with more than one access by used for this type of activity.
- D. That a responsible adult supervise all activities and be present in, or about, the right-of-way during all hours of restriction.

Signature-Responsible Party

Address

Date

Please include signatures of all neighbors, including addresses, within barricaded area

Name

Address

(If more space is needed, please attach additional information)

DIAGRAM OF PROPOSED AREA TO BE BARRICADED

(Include streets; street names; home addresses; and proposed placement of barricade)
Should be attached with your application.

NOTE: This form is only for NNO