



CITY OF
MONTGOMERY
A CHARMING PAST. A GLOWING FUTURE.

Block Party Permit

Applicant _____

Address _____

Phone _____ Street to be closed _____

Date of activity _____ Hours _____

Description of activity _____

Will there be music at activity? Yes ____ No ____ If yes, what time ____ to ____

Street barricades requested? Yes _____ No _____

If yes, how many and where and when should they be dropped off?

Signature of Applicant

Date of Application

Police Department	Recommended for approval	Yes _____	No _____
	Fire Department Notified	Yes _____	No _____

Signature

Date

Public Works Dept.	Recommended for approval	Yes _____	No _____
	Arrangements for barricades	Yes _____	No _____

Signature

Date

Additional comments: _____

City Manager	Permit approved	Yes _____	No _____
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Signature

Date

