TOWN OF MOUNT AIRY CLOSING STREETS FOR BLOCK PARTIES/EVENTS - REQUIREMENTS AND FORM

TYPE OF EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

NAME OF STREET(S) INVOLVED: _____
*Please provide a map of street with requested closed area highlighted

Person's name, address and telephone number who will be held legally responsible and liable for this event:

Name: _____ **Phone:** _____

Address: _____

E-mail:_____

I hereby give assurance that no alcoholic beverages will be present at this event.

Name (Print): _____

Signature: _____

Approval from the Council is needed if streets are closed. Signatures of all property owners of affected streets approving of the event must be received, including the Mount Airy Police Department. All information should be returned to the Town Clerk at Town Hall 45 days prior to the event. The request will be reviewed at the next Town Council meeting (1ˢᵗ Monday of every month) and the requesting party will be notified if the event is approved or denied. You may wish to be present at the Council meeting to answer any questions.

****

<u>Approval of Requested Event & Street Closings:</u>

_____   _____
Mayor   **Date**

_____   _____
Mount Airy Police Department   **Date**

Signatures of all property owners of affected streets, giving their approval of the event and closing of their street on _____.
<div align="center">(date)</div>

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**

_____   _____
Street address   **Signature**