



REQUEST FOR BLOCK PARTY

You must follow all Federal, State and Local Covid-19 Requirements when having a block party.

Name of Applicant: _____

Address of Applicant: _____

Phone # of Applicant: _____

Date and time of Party: _____

Name and location of Street(s) to be blocked off, (include a map of area):

Provide signature and address of all landowners affected by the blocked street signifying their awareness of party. Additional signatures on back.

	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____

Submit request form to Deputy Clerk at amyw@stmichaelmn.gov.

For Office Use				Notified Public Works	
Fire Dept. Approval	Date	City Approval	Date	By	Date