CITY OF LAWNDALE Neighborhood Block Party Application

Sponsoring Organization or Individual (This is the organization or individual responsible for managing the event according to the terms of the permit, including the proper clean up thereafter):

Name		
Address		
Phone ()		
Party Date:	_ Time:	_ То:
Location of party: Street	Block Number	
Do you wish to close the street YES NO	t?	
If yes, please submit the attach including Petition.	ned Street Closure Per	mit Application,
Will security be provided? YES NO		
Would you like a visit from the YES NO	Sheriff's Department	during the party?
Contact person	Phone ()

Signature of Applicant	Dat	e
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