TOWN OF LAKE PARK
NEIGHBORHOOD BLOCK PARTY ACKNOWLEDGEMENT FORM

I acknowledge and agree to the closing of the block of the address listed below on the date and times listed below for a block party.

Name of Block Party Organizer: _____

Street to be Closed: _____ **From (Street):** _____**To (Street):** _____

Date and Time of Block Party: _____

NAME	ADDRESS	SIGNATURE	DATE