Collingswood Police Department
Block Party Application

Name of Block Party Coordinator: _____

Address: _____

Phone Number: _____

Email: _____

Location of Block Party: _____

Date: _____ **Times:** _____

Please attach a separate list with names, addresses and signatures of all residents acknowledging the closure of the street. This application MUST BE submitted to the Office of the Police Chief no later than 7 days prior to the scheduled event. An email will be sent to the aforementioned coordinator when the application has been approved. All street barricades will be delivered by the Dept. of Public Works the Friday before the event and picked up the following Monday. Please ensure the number of cones dropped off is the same number picked up. Any questions relevant to this application or event planning should be addressed to my office.
I hope your party is a success !

Richard J. Sarlo

Chief of Police

Official Use Only

Coordinator notified: _____

PW_____ **DB**_____ **FD** _____