



Town of Mamaroneck

Office of the Town Clerk, Town Center

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## Block Party Application

Applicant's Name/Neighborhood Representative \_\_\_\_\_

Address of Neighborhood Representative \_\_\_\_\_

Telephone # \_\_\_\_\_ Mobile # \_\_\_\_\_ E-mail \_\_\_\_\_

Block Party Date \_\_\_\_\_ Rain Date \_\_\_\_\_

Hours of Event \_\_\_\_\_ Location of Block Party (Street) \_\_\_\_\_

Cross Street of Event \_\_\_\_\_

Location for where Saw Horses will be dropped off \_\_\_\_\_

Streets to be closed off \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Please fill out the above application. You will need the majority of your neighbors to accept the street closures you are requesting, on the reverse of this form you will find space to include the required signatures.

**Requests should be made at least 1 week in advance of event.**

### For Internal Use Only

E-Mails will be sent to the following:

Police Dept.

Fire Dept.

Highway Dept. State

VAC

Town Board

Town Supervisor

State Senator

Assembly Person

County Legislator

Applicant

# Neighborhood Signatures

Name

Address

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____
31.	_____	_____