



## BLOCK PARTY REQUEST

*Return completed form to:  
O'Fallon Police Department, 285 North Seven Hills Road,  
at least 10 days prior to the date of the block party*

Name (Contact Person): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone : \_\_\_\_\_

Date of Block Party \_\_\_\_\_

Time of Block Party Start: \_\_\_\_\_ End: \_\_\_\_\_

Area requested to be closed off (Be specific – which street/alley from which street/alley and/or between which street/alley to which street/alley): \_\_\_\_\_

Is amplified music requested: Yes  No

Are barricades requested to block off the streets? Yes  No

Were there any objections from neighbors/surrounding businesses for this request? Yes  No

For further information, please contact the Police Department at 618 624-4545, ext. 2103.

**NOTE: The Public Safety department and/or the Fire Department reserve the authority to terminate the event if complaints are received, city ordinances are violated, or if public safety or peace is compromised.**

For Office Use Only:
_____ Date Approved
_____ Public Safety
_____ Copy City Clerk
_____ Copy OFD