

## O'Fallon Police Department Block Party Request

285 N. Seven Hills Rd. O'Fallon, IL 62269	Name (Contact Person):				
	Address				
	Daytime Phone:				
	Evening Phone:				
	E-mail address:				
	Date of Block Party:				
	Time of Block Party	Start: am/pm	End:	am/pm	
Area Requested to street/ alley to whi	be Closed off (Be specific- ch street/ alley:	-which street/ alley from	which street/ alley	y and/or betwee	en which
Is amplified mus	sic requested: YES D	□ NO □			
Are barricades requested to block off the streets? YES $\square$ NO $\square$					
Were there any	objections from the n	eighbors/surroundin	g businesses for	r this request	·?
	ES 🗆 NO 🗆	c.g., carroanan,	B		•
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Block Party Request forms must be completed and returned at least 10 days prior to the date of the block party to:  O'Fallon Police Department					
	28.	5 N. Seven Hills Road			
	E-mail: r	nstewart@ofallon.org			
For further infor	mation please contact	t the Police Departme	nt at 618-624-4	1545 ext. 957	2
	lic Safety department f complaints are recei	•		•	
For Office Use Only:  Date appr  Public Safe  Copy City  Copy OFD	ety				