CONTACT PERSON: NAME: _____

ADDRESS:_____

_____

PRIMARY CONTACT PHONE #:_____

ALTERNATE CONTACT NAME:_____

ALTERNATE CONTACT PHONE:_____

DATE OF EVENT*: _____

Please note we must receive the application at least one week prior to the event.

PURPOSE OF EVENT: _____

SECTION OF STREET(S) TO BE CLOSED: *(Please include a map of the affected area/hand drawn is acceptable):*

_____

_____

A signature sheet is required and must include a signature for every household affected by the closure - See Page 3

Having a block party is a privilege and the City of La Porte would like to honor all requests; however requests that close streets that are main entrances or exits into or through neighborhoods, and do not offer a reasonable alternative route, cannot be honored.

TIME STREET TO BE CLOSED: _____

TIME STREET TO BE REOPENED: _____

*Upon notification that your application is approved a copy of this form will be forwarded to Public Works. Traffic cones to block the street will need to be picked up from Public Works by 4:00 p.m. Monday through Friday. Please contact 281-471-9650 with any questions. Please initial you understand that Public Works must be contacted for coordination of pick up of traffic cones.

*_____ Initial verifying you understand your responsibility regarding traffic cones.

I understand that by submitting this Block Party/Street Closure Request, I am responsible for leading the event in accordance with the all local Ordinances and State laws.

_____   _____

Applicant's Signature   Date

CITY PERSONNEL USE ONLY
Traffic Division Review: Approved/Denied By:_____

Chief of Police Approval:_____

PW Notified: Y/N By:_____ **Method:**_____**Sent to:**_____

Citizen Copied w/ Completed Request by:_____ **Method:**_____**Date:**_____

Dispatch/Patrol Briefing Copies Last Weekday prior to event: Y/N By:_____

SIGNATURE SHEET

A signature sheet is required for and must include a signature from every household affected by the street closure.

Example:

ADDRESS	SIGNATURE
102 Maple	
103 Maple	
104 Maple	
105 Maple	

ADDRESS	SIGNATURE

Please place a triangle where you intend to place traffic cones to block traffic.