



VILLAGE OF WEST HAVERSTRAW
130 Samsondale Avenue
West Haverstraw, NY 10993
(845) 947-2800

FOR INTERNAL USE ONLY

Rec'd Date _____ Initials _____
Approved _____ Denied _____

Block Party Request Form

CONTACT INFORMATION (person requesting the street to be closed)

Name: _____ Date: ____/____/____
Address: _____
Home #: (____) ____-____ Work #: (____) ____-____ Cell #: (____) ____-____
Email: _____

BLOCK PARTY INFORMATION

Date of Block Party: ____/____/____ Rain Date: ____/____/____
Reason for Party: _____
Time of Party: Start Time _____ a.m./p.m. End Time _____ a.m./p.m.
Timeframe for Street Closure: (From) _____ (To) _____
Street to be Closed: _____
Between _____ (St./Ave.) and _____ (St./Ave.)

Expected Number of Attendees: _____
Have all neighbors been notified? Yes No (All residences on affected block(s) must be notified.)

Comments:

PLEASE NOTE: Emergency vehicles must be given access.

VILLAGE USE ONLY

Board Resolution Dated: ____/____/____ Signed: _____

Emergency Services Notified:

Town of Haverstraw Police Dept.
West Haverstraw Fire Dept.

Supplies Provided:

Emergency Barricades Qty. ____
Cones Qty. ____