INCORPORATED VILLAGE OF MALVERNE
STREET CLOSING REQUEST

PLEASE PRINT CLEARLY

I/We, _____ request permission to close

_____ and _____
(Street) (Street)

for: _____
(Event)

on _____, with a rain date of _____
(Date)

The person(s) responsible for this event is/are:

(Name of Individual) _____Telephone #_____

(Name of Individual) _____Telephone #_____

who has/have agreed to be in attendance for the entire event.

By signing this petition in favor of holding this event, we all agree to comply with the Regulations set forth on the permit application for a street activity.

Yes____ No____ SIGNATURE AND ADDRESS OF EVERY RESIDENT ON BLOCK

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL NUMBER OF HOMES IN: FAVOR _____ OPPOSED _____

I HEREBY CERTIFY THAT THE ABOVE SIGNATURES ARE THOSE OF EVERY RESIDENT ON THE BLOCK. IF RESIDENT IS KNOWN TO BE OUT OF TOWN, PLEASE INDICATE ON SIGNATURE LINE ABOVE.

WILL YOU BE HAVING MECHANICAL DEVICES? Yes_____ No _____

_____ _____
SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT

cc: Police Chief, Fire Chief, Malverne Ambulance Corp.
Superintendent of Public Works, Superintendent of Building Department