

Traffic Engineer

## TRAFFIC ENGINEERING DEPT.

Phone: 806-378-6297 Fax: 806-378-6062

Email: trafficeventpermits@amarillo.gov

Physical Address: Simms Building 808 S Buchanan Amarillo, TX 79101

Mailing Address:

ATTN: Traffic
P.O. Box 1971
Amarillo, TX 79105-1971

THE FOLLOWING MUST BE FILLED OUT BY THE APPLICANT:

## APPLICATION FOR BLOCK PARTY

| /We, the undersigned, who reside at  |          | , do hereb   | y apply and submit a  |
|--|----------|--|---|
| petition for a private street closure, for the purpose of holding a block pa |          |  |   |
|  |          |  | primary residence is within   |
| NAME OF STREET TO BE CLOSED:   |          | this   | proposed street closure.  |
| From: To: To:  |          |  |   |
|  |          | STREET NAME  |   |
| on, 20, between the hou  | ırs of   | A.M.<br>nand   | A.M. ONLY FROM 7 A.M. THRU 10 P.M.  |
| Event Day of the Week: Sun Mon Tue Wed Thu Fri Sat                           |          | Will there be music a  |   |
| Estimated Number of Participants:  |          |  |   |
| Purpose of street closure:   |          |  | <b>nt Methods</b><br>Eng. Dept. Room 242 (2nd Floc                              |
|  |          | to City  | Eng. Dept. Room 242 (2nd Floo<br>credit, debit or check payable<br>of Amarillo  |
|  |          | At City Hall - Accouncesh, control of the control o | iting Dept. Room 301 (3rd Floor<br>redit, debit or check payable<br>of Amarillo |
| What will be done about trash removal:                                       |          | By Telephone - call 806  |   |
| QUESTIONS CONCERNING THIS APPLICATION O                                      | OR EVENT |  | •   |
|  |          |  |   |
| APPLICANT NAME:  | _ PHONE  | PLEASE LEAVE A PHONE NO. IN WHIG<br>IN CASE WE NEED ADDITIONAL INFO<br>CONTACT YOU - WE WILL NOT BE AB   | CH YOU CAN BE REACHED DIRECTLY  |
|  |          | CONTACT YOU - WE WILL NOT BE AB  | LE TO PROCESS THE PERMIT.   |
| ADDRESS:   | EMAIL    | :  |   |
|  |          |  |   |
| CITY: STATE:   |          | ZIP:   |   |
| CO- APPLICANT NAME:  | _ PHONE: |  |   |
| I certify, that the above information is true and correct, and that I        |          |  |   |
| am acting as a representative of the neighborhood for the block              |          |  |   |
| party. I have contacted the residents / property owners who will be          | Applic   | cant's Signature   | <br>Date  |
| affected by the street closure, and a mininum of 70% are in favor.           |          |  |   |
|  |          |  |   |
|  |          |  |   |
| affected by the street closure, and a mininum of 70% are in favor.           |          |  |   |
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Date

Police Department

Date