



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

I/We, the undersigned, who reside at _____, do hereby apply and submit a petition for a private street closure, for the purpose of holding a block party:

My primary residence is within this proposed street closure.

NAME OF STREET TO BE CLOSED: _____

From: _____ To: _____
STREET NAME STREET NAME

on _____, 20_____, between the hours of _____ A.M. and _____ A.M.
DATE P.M. P.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 at this event? YES
 *Muslc must end by 10 P.M. NO

Estimated Number of Participants: _____

Purpose of street closure: _____

Payment Methods

At City Hall - Accounting Dept. Room 301 (3rd Floor)
 cash, credit, debit or check payable to City of Amarillo

By Telephone - call 806-378-6202 for payment by credit card

What will be done about trash removal: _____

QUESTIONS CONCERNING THIS APPLICATION OR EVENT MAY BE MADE TO:

APPLICANT NAME: _____ PHONE: _____

PLEASE LEAVE A PHONE NO. IN WHICH YOU CAN BE REACHED DIRECTLY - IN CASE WE NEED ADDITIONAL INFORMATION. IF WE ARE NOT ABLE TO CONTACT YOU - WE WILL NOT BE ABLE 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 affected by the street closure, and a minimum of 70% are in favor.

Applicant's Signature

Date

REMARKS _____

APPROVAL:

Traffic Representative

Date

Police Department

Date