CITY OF
AURORA
Established 1799

Block Party Application

Name of Street for Block Party: _____

Date of Party: _____

Time of Party: _____

Maximum # of People Expected: _____

Individual Responsible for the Party: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

Please Note:

Cones will be delivered to the above address. Cone placement is the permit holder's responsibility. Arrangements will be made for the pickup of the cones the day after the party.

Mayor's Signature: _____Date: _____

Police Chief's Signature: _____Date: _____

Fire Chief's Signature: _____Date: _____

Optional:

Request for a Police Officer and cruiser _____ Approximate Time: _____

Request for fire truck _____ Approximate Time: _____