



VILLAGE OF  
*INDIAN HEAD PARK*  
ILLINOIS

## BLOCK PARTY REQUEST FORM

### Applicant Information

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Email Address:

Cell Phone: (     )

### Business Information

Intersections of Block Party:

From Address to Address:

(ie: 1100 to 1199 North Street)

Date of Event :

/ /

Start Time:

End Time:

Signature of Applicant \_\_\_\_\_

### Office Use Only

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Forms can be dropped off at Village Hall,  
emailed to: [admin@indianheadpark-il.gov](mailto:admin@indianheadpark-il.gov) or faxed to: 218-220-3643

VILLAGE OF INDIAN HEAD PARK  
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[www.indianheadpark-il.gov](http://www.indianheadpark-il.gov)