VILLAGE OF WEST HAVERSTRAW
130 Samsondale Avenue
West Haverstraw, NY 10993
(845) 947-2800

FOR INTERNAL USE ONLY

Rec'd Date_____Initials_____
Approved_____Denied_____

Block Party Request Form

CONTACT INFORMATION (person requesting the street to be closed)

Name:_____ Date: _____ /_____ /_____

Address: _____

Home #: (____) _____-_____ Work #: (____) _____-_____ Cell #: (____) _____-_____

Email: _____

BLOCK PARTY INFORMATION

Date of Block Party: _____ /_____ /_____ Rain Date: _____ /_____ /_____

Reason for Party: _____

Time of Party: Start Time _____a.m./p.m. End Time _____a.m./p.m.

Timeframe for Street Closure: (From) _____ (To) _____

Street to be Closed: _____

Between _____ (St./Ave.) and _____ (St./Ave.)

Expected Number of Attendees: _____

Have all neighbors been notified? Yes ❒ No ❒ *(All residences on affected block(s) must be notified.)*

Comments:

PLEASE NOTE: Emergency vehicles must be given access.

VILLAGE USE ONLY

Board Resolution Dated: _____ /_____ /_____ **Signed:** _____

Emergency Services Notified:
Town of Haverstraw Police Dept. ❒
West Haverstraw Fire Dept. ❒

Supplies Provided:
Emergency Barricades ❒ Qty. _____
Cones ❒ Qty. _____