TOWNSHIP OF TEANECK
BLOCK PARTY APPLICATION

The Block Party Application must be submitted at least 30 calendar days in advance of the requested block party date. The Application must contain signatures of approval at least 51% of the residents who will be impacted by the road closure. Please submit hard copy to the Township Clerk's office or email it to clerk@teanecknj.gov

NAME	
ADDRESS	
PHONE	
E-MAIL	

STREET TO BE CLOSED	
CROSS STREETS	
DATE & RAIN DATE	
TIMES (START & END)	

I understand that I will be responsible for the safekeeping of the barricades after the block party is over until they are picked up by the Department of Public Works.

_____ _____

Signature of Contact Person Date

NAMES, SIGNATURES AND ADDRESSES OF THOSE RESIDENTS IN FAVOR OF THE BLOCK PARTY: I understand that by signing below I am in agreement with the closure of the above described street for the date(s) and times for a block party. I understand that I will not be able to access by property during the time the road is closed: USE BACK IF NEEDED

NAME	**ADDRESS**	**SIGNATURE**