

BLOCK PARTY

PERMISSION TO BLOCK THE STREET

We agree to have _____ (street name) blocked off for a Block Party on _____ (date)
from _____ (start time) to _____ (end time).

Name	Address (House/Unit #)	Phone Number	Signature

Please note that permission is required from the majority (60%) of residents in the affected street to block off the street for the Block Party.

For more information about the Community Block Party program, please visit www.portcoquitlam.ca/blockparty