TOWN OF GREECE POLICE DEPARTMENT

STREET PARTY REQUEST

We request a Street Party Permit for the day(s) of _____. The street/drive/road of _____ would be blocked off from (street #) _____ to (street #) _____ during the hours of _____ to _____.

Name & Address	**Approve (X)**	**Disapprove (X)**
Contact person signs in this box (include phone # with address). Name: _____ Address: _____ City, Zip Code: _____ Phone number: _____		