

Outdoor Events Block Party Petition

event date:	Purpose of Event: From:		Number of nome on street: To:		reet:	
Street to be closed:					_	
Closure date:	Begin Time:	AM/PM	End Time:	AM/PM		
vent Coordinator: Address:		ldress:	Phone:			
We the undersigned	l have been notified of the r All residents w	_	event to be held and access to their hom		e use of the stree	
Resident Signature			Address			

Email: specialevents@fortworthtexas.gov

Call: (817) 392-7894

Fax: (817) 392-2756