

BLOCK PARTY REQUEST

City of Crystal
Attn: Gail Van Krevelen
4141 Douglas Dr N
Crystal, MN 55422

Contact Person _____ Daytime Phone #(_____) _____

Address _____ Zip code _____

Date of Party _____ Location of Party _____

Purpose of Party _____

I would like to block off _____ at the intersection of _____ and _____

Number of barricades requested _____

Beginning time _____ ending time _____

CITY USE ONLY: Date Received _____ Approved by Streets Department _____

Letter sent _____ (date and initials)