

Block Party Application

Police Department			
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Name of Event			
Location of Party			
Date of Party		Start Time of Party	End Time of Party
Number of Adults		Number of Kids	Number of Animals
Briefly Describe the Event			
Number of barricades reque	ested:		
Zero Zero	One	☐ Two	
Would you like a police offic	cer to visit your pa	arty?*	
		an officer to visit your party during the of police work, we are unable to gud	
Representative's Name			
Representative's Phone		Representative's E-N	Лаil
Representative's Address			
Submit Application to:			
Shakopee Police Depar 475 Gorman St. Shakopee, MN 55379 or	tment		
Fax: 952-233-3811			
			For Office Use Only

Approval

Date