



# BLOCK PARTY

## NEIGHBOURHOOD SUPPORT FORM

**Note: 50% of the majority of residents impacted by the Community Block Party must provide consent for the application to proceed.**

Date of block party: \_\_\_\_\_ Time of block party: \_\_\_\_\_

Name of main contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Approve  Reject Concerns: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Approve  Reject Concerns: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Approve  Reject Concerns: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Approve  Reject Concerns: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Approve  Reject Concerns: \_\_\_\_\_

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Act) and will be used for the purpose of administering the Town's Block Party Program. The information will be protected in accordance with the Act. If you have questions about the collection of information, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 780-939-4361.



# BLOCK PARTY

## NEIGHBOURHOOD SUPPORT FORM

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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