



Town of Mamaroneck
Office of the Town Clerk, Town Center
740 West Boston Post Road, Mamaroneck, NY
10543-3353

Allison May
Mamaroneck Town Clerk

TEL: 914/381-7870
FAX: 914/381-7813
AMay@townofmamaroneckNY.org

Block Party Application

Applicant's Name/Neighborhood Representative _____

Address of Neighborhood Representative _____

Telephone # _____ Mobile # _____ E-mail _____

Block Party Date _____ Rain Date _____

Hours of Event _____ Location of Block Party (Street) _____

Cross Street of Event _____

Location for where Saw Horses will be dropped off _____

Streets to be closed off _____

Signature of Applicant _____ Date of Application _____

You will need the majority of your neighbors to accept the street closures you are requesting

For Internal Use Only

E-Mails will be sent to the following:

Police Dept.
Fire Dept.
Highway Dept. State
VAC
Town Board

Town Supervisor
State Senator
Assembly Person
County Legislator
Applicant

Block Party Signatures

Name

Address

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____

Use additional sheet if required to generate 50% of your neighbors