

## City of Vicksburg P.O. Box 150 Vicksburg, MS 39180

HUNDRED BLOCK (S) AND STREET TO BE CLOSED		FROM (STREET)	TO (STREET)
1500 Grove / 2nd North Jackson / 2nd North			
August 02, 2025			
RAIN DATE  N/A			
Event Type	Example: Graduation Gathering		
	Family gathering for a 70th birthday celebration.		
<ul> <li>PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:</li> <li>APPLICATIONS must be submitted not less than THIRTY (30) DAYS OF THE EVENT.</li> <li>Applicant must be a resident of the block being closed.</li> <li>If the street being closed for an event is the only entrance/exit to another street (a "T" street), a petition to close the "T" street is also required.</li> <li>Applications for street closure must have a petition signed by 75% of the households (including 75% of any apartment complex)</li> <li>The City of Vicksburg reserves the right to implement new policies.</li> </ul>			
APPLICANTS NAME	Unuaha	179	AYTIME TELEPHONE NUMBER
APPLICANT'S ADDRESS	- Var Jina		201-630-70FO
1105 Noftingham Road			39/83
Mskdvaugha 91 @ gmail. Com			
SPONSORING ORGANIZATION  N/4  TIME OF EVENT (S)	(IF ANY) ADDRESS	0	
M. 12:00 10:00 (M)			
DOES A BUS OR TROLLEY TRA	AVEL ON THE STREET TO BE CLOSED?	NU	MBER OF PEOPLE ATTENDING  40
I hereby certifythat the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties that may be prescribed by law or ordinance.  APPLICANTS SKNATURE  THIS FORM MUST BE RETURNED AND SIGNED BY APPLICANT  THIS FORM MUST BE RETURNED AND SIGNED BY APPLICANT			

## SIGNATURES AND ADDRESSES OF ALL PETITIONERS ONE ADULT SIGNATURE PER HOUSEHOLD FROM 75%\* OF RESIDENTS LIVING ON THE BLOCK IS REQUIRED FOR APPROVAL USE ADDITIONAL SHEETS IF NECESSARY WE AGREE TO BE RESPONSIBLE FOR ALL INJURIES TO PERSONS OR DAMAGE TO PROPERTY NUMBER OF HOUSES ON BLOCK NUMBER OF VACANT HOUSES ON BLOCK NUMBER OF SIGNATURES PLEASE PRINT AND SIGN LEGIBILITY WHEN COMPLETING INFORMATION BELOW FIRST NAME LAST NAME ADDRESS FIRST NAME LAST NAME **ADDRESS** 1. John Vaugh 1501 Grure Stres 30. 1017 29 North 32. 33. 34. 35. 36. 37. 38. 10. 39. 11. 40. 12. 41. 13. 42. 14. 43. 15. 44. 16. 45. 17. 46. 18. 47. 19. 48. 20. 49. 21. 50. 22. 51. 23. 52. 24. 53. 25. 54. 26. 55. 27. 56. 28. 57. 29. 58.

Event Day August 2, 2025 Time: 12:00-2200(10:00pm)

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Jackson Street Church

Family Gathering for a 70th birthday party Kimberly Vaughn 601-630-7080 At least 40 people in attending

CRASH REPORT - DIAGRAM