

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

	Vicksburg, MS 39180		
HUNDRED BLOCK (S) AND	A CONTRACTOR OF THE CONTRACTOR	FROM (STREET) Clay Street	Mulherry St
DATE OF EVENT  No u	14,2025	(	Leave Dicess to
Nov 21, 2025			Leave Dicess to  N's open)
	Example: Graduation Gathering		
	Program at 5 Riverfront Morals		
<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 Nellie Caldwell			DAYTIME TELEPHONE NUMBER 601-529-7187
704 Newit Vick Drive - Vicksburg Ms			ZIP CODE 39/83
APPLICANTS ADDRESS(S), APPLICANTS EMAIL ADDRESS(S), Ndealdwell@attinet			
SPONSORING ORGANIZATION (IF ANY)  LIFTING LIVES MINISTERS 40 US 80 VICKShung MS 39180  TIME OF EVENT (S)  ADDRESS  40 US 80 VICKShung MS 39180			
P.M. 6PM to	A.M. P.M.  AVEL ON THE STREET TO BE CLOSED?		
Xs	NO NO		NUMBER OF PEOPLE ATTENDING
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 SIGNATURE:  THIS FORM MUST BE RETURNED AND SIGNED BY APPLICANT  DATE			

## 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 None PLEASE PRINT AND SIGN LEGIBILITY WHEN COMPLETING INFORMATION BELOW FIRST NAME LAST NAME **ADDRESS** FIRST NAME LAST NAME **ADDRESS** 30. 31. 32. 33. 34. 35. 36. 8. 37. 9. 38. 10. 39. 11, 40. 12. 41. 13. 42. 14. 43. 15. 44. 16. 45. 17. 46. 47. 18. 19. 48. 20. 49. 21. 50. 22. 51. 23. 52. 24. 53. 25. 54. 26. 55. 27. 56. 28. 57. 29. 58.

