

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

HUNDRED BLOCK (S) AND STREET TO BE CLOSED		FROM (STREET)	TO (STREET)	
DATE OF EVENT				
RAIN DATE				
Event Type	Example: Graduation Gatherin	Example: Graduation Gathering		
 APPLICATIO Applicant mus If the strealso required. Application Application Complex 	AD THE FOLLOWING BEFOR ONS must be submitted not less than T st be a resident of the block being close eet being closed for an event is the on ions for street closure must have a petiticksburg reserves the right to impleme	THIRTY (30) DAYS OF THE EVE sed. ally entrance/exit to another street (ition signed by 75% of the househo	ENT. (a "T" street), a petition to close the "T" street is	
APPLICANT'S NAME			DAYTIME TELEPHONE NUMBER	
APPLICANT'S ADDRESS			ZIP CODE	
APPLICANT'S EMAIL ADD	DRESS(S)			
SPONSORING ORGANIZA	ADDR	RESS		
TIME OF EVENT (S) A.M. P.M.	A.M. P.M.			
DOES A BUS OR TROLLEY YES	Y TRAVEL ON THE STREET TO BE CLOSED? NO		NUMBER OF PEOPLE ATTENDING	
I hereby certing if I knowing	in make any faise statement herein,	1 am subject to such penalties that i	ny knowledge and belief. I understand that may be prescribed by law or ordinance.	
APPLICANTS SIGNATURE	THIS FORM MUST BE RETURNED AND SIGN	NED 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** 30. 31. 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.