

**COMMUNITY BLOCK PARTY POLICY CS-4  
SCHEDULE "A"  
BLOCK PARTY APPLICATION FORM**

Organizer(s) First and Last Name:	
Street Address:	
Postal Code:	
Email:	
Phone:	
Event Location:	
Neighbourhood:	
Date of Party:	
Start Time:	
End Time:	

Street Closure Required: Yes  or No

Barricades are to be placed in front of  
House # \_\_\_\_\_ and House # \_\_\_\_\_  
House # \_\_\_\_\_ and House # \_\_\_\_\_

**You must have permission from at least 75% of the households who are affected by the street closure.  
Please include the completed "Permission to Block the Street" form with this application.**

Number of Homes being invited: \_\_\_\_\_

Forward your application to:  
Town of Edson Community Services Department  
Box 6300 605 – 50<sup>th</sup> Street  
Edson, AB T7E 1T7  
Email: [cserv@edson.ca](mailto:cserv@edson.ca)