COMMUNITY BLOCK PARTY POLICY CS-4
SCHEDULE "B"
PERMISSION TO BLOCK THE STREET FORM

We agree to have _____ blocked off for a Block
(Street and Avenue Name)

Party on _____ from _____ to _____.
(Date) *(Time)* *(Time)*

NAME	ADDRESS	PHONE	SIGNATURE

The information on this form collected by the Town of Edson solely for the purpose of gauging support for a block party in your area on the date indicated above. Where applicable, the information shall be administered in accordance with the Freedom of Information and Protection of Privacy Act (and other legislation governing the protection and disclosure of information).