

TOWN OF ORCHARD PARK

TOWN CLERK'S OFFICE

S 4295 SOUTH BUFFALO STREET • ORCHARD PARK, NEW YORK 14127-2688

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Town of Orchard Park

Block Party Request Form

(Requests should be submitted 15 days prior to the event)

Name:	
Address:	_
Phone #:	
Location	
(Street Name and Cross Street	et)
Date/Time	Rain Date
(Month, Day, Year and Time of Event) exar	mple: Noon to Midnight
Barricades needed: Yes	No
Requesting Exemption from the Town's Օր	pen Container Law:
	Office Use Only
te Received by Town Clerk	Police Dept. Approval
ghway Superintendent Approval	Town Board Approval
0.00 Non Refundable Fee Received:	CHECK #CASH