City of Golden Valley

PETITION

Proposed Street Closing For Block Party

Street location to be barricaded: _____

Date of closing: _____

Time of closing: _____

Name, address, and phone number of person responsible for setup and removal of barricades:

_____

_____

Approval of closing above street at indicated date and times:

Address	Name	Yes	No

(Print out another sheet if needed.)

Return completed petition to Chief of Police at:

City of Golden Valley
Public Safety Department
7800 Golden Valley Road
Golden Valley, MN 55427