Vacaville Police Department

BLOCK CLOSURE PETITION
(707) 449-5432
660 Merchant St., Vacaville CA

Date of Block Party: _____ **Start and End Time:** _____

Street(s) to be Closed: _____
(Include the street name and the start and ending addresses of the homes located within the area to be closed.)

Name of Organizer: _____

Home/Cell Phone: _____

Address: _____

E-mail:_____

We, the undersigned, are the homeowners/residents whose homes are affected by the block closure cited above. We hereby agree to have the street blocked off for a block party to be held on the date above. We further understand that once the barricades are in place there will be no vehicle traffic, except for emergency vehicles.

HOUSE NUMBER	PRINT NAME	SIGNATURE (APPROVAL OF RESIDENT)	PHONE NUMBER