

**REQUEST FOR NOISE WAIVER BLOCK PARTY and/or
BARRICADING OF CITY STREETS**

Send to: Livonia City Council, c/o City Clerk, 33000 Civic Center Drive, Livonia, MI 48154-3097
or hand deliver to the City Clerk's Office at least 8 weeks prior to the planned event

PLEASE PRINT

Date of Application: _____ Date to appear at a Council Meeting: _____

Name of Neighborhood Representative: _____

Address (please include zip code): _____

Telephone Number with area code: Home: _____ Office: _____

Email: _____

Please circle what is being requested – **“BLOCK PARTY”** and/or **“STREET BARRICADING”**

_____	_____	_____
Date of Block Party and/or Barricading	Rain Date	Start/end time of Block Party and/or Barricading End time is no later than 10:00 p.m.

Location of Block Party and/or Barricading: (Be specific. Indicate which streets and between which boundaries).

Type of Event: Briefly (Describe activities planned. Music, barbecue, games, etc.) _____

How many barricades are you requesting (max. 10)? _____

Approximate Number Attending: _____

Date of Council Approval/Denial: _____

Council Resolution Number: _____