



BLOCK PARTY

NEIGHBOURHOOD SUPPORT FORM

Note: 50% of the majority of residents impacted by the Community Block Party must provide consent for the application to proceed.

Date of block party: _____ Time of block party: _____

Name of main contact: _____ Email: _____

Phone number: _____

Name: _____ Signature: _____

Address: _____ Email: _____

Approve Reject Concerns: _____

Name: _____ Signature: _____

Address: _____ Email: _____

Approve Reject Concerns: _____

Name: _____ Signature: _____

Address: _____ Email: _____

Approve Reject Concerns: _____

Name: _____ Signature: _____

Address: _____ Email: _____

Approve Reject Concerns: _____

Name: _____ Signature: _____

Address: _____ Email: _____

Approve Reject Concerns: _____

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Act) and will be used for the purpose of administering the Town's Block Party Program. The information will be protected in accordance with the Act. If you have questions about the collection of information, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 780-939-4361.