



# Block Party Petition

with Public Health Special Conditions



*As a condition for applying to receive a Block Party permit, the Applicant is required to gather signatures from a simple majority (50% +1) of households located within the Block Party area.*

On the date of, the residents of \_\_\_\_\_ (Street, Road, Avenue, etc.) will hold a block party between \_\_\_\_\_ (street) and \_\_\_\_\_ (street). The event will be conducted between the hours of \_\_\_\_\_ to \_\_\_\_\_. By signing below, I consent to the necessary temporary street closure during the event, including the placement of barricades. In addition, if I participate, I agree to adhere to public health mandates at the event, including:

- Social distancing of at least six feet from other individuals;
- Wearing facemasks when social distancing cannot be achieved; and
- Avoiding gatherings exceeding the maximum number of individuals permitted by concurrent New York State on PAUSE mandates.

In the event of any emergency, the street will be immediately re-opened and event discontinued.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Scarsdale, NY 10583

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Scarsdale, NY 10583

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Scarsdale, NY 10583

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Scarsdale, NY 10583

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Scarsdale, NY 10583

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Scarsdale, NY 10583

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Scarsdale, NY 10583

*(Attach more copies, as necessary to document a simple majority of residents in agreement)*