



BENTON HARBOR DEPARTMENT OF PUBLIC SAFETY
Director Daniel McGinnis

EVENT FORM

Date: _____

TYPE OF EVENT

- BLOCK PARTY COMMUNITY EVENT CHURCH EVENT OTHER

OTHER: _____

CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

LOCATION INFORMATION:

Location: _____

Date: _____ Time: _____

Purpose of Event: _____

***Signatures, address and phone numbers of each resident who lives within the area requesting to be blocked off is needed prior to approval.*

FOR OFFICE USE ONLY

Approval: Yes No

Comments _____

Director of Public Safety Signature _____

Date _____