Application for Authorization
To Block Streets of
The City of McComb, MS

DATE:_____

Application is hereby submitted for authorization to block specific streets within the corporate limits of the City of McComb, MS as follows:

_____
Name of Organization/Group

_____
Name of Event Date / Time of Event

_____
Description of Event

_____
Streets to be blocked

_____
Requested by Telephone Number

Permission is hereby granted to **Block** the above streets in accordance with this request on this the _____day of _____ 20__.

_____

Send copies to: Police, Fire, Public Works & City Clerk's Office

Additional Requests:

_____

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