



# CITY OF MCCOMB

## STREET BLOCK REQUEST

Name of Organization or Group: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Please Describe Event in Detail: \_\_\_\_\_

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Street(s) to be Blocked: \_\_\_\_\_

Name of Organizer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

The organization or group above wishes to advise the City of McComb of blocking specific street(s) within the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Approved Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Copies for Police Chief, Fire Chief, Public Works Director/ City Clerk keeps original

Special Instructions \_\_\_\_\_

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