

**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
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_____ Description of Event

_____ Streets to be blocked

Requested by	Telephone Number
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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:
