

## RESIDENT / BUSINESS SIGNATURE SURVEY FORM

Dear Neighbor,

\_\_\_\_\_  
(Permittee's Name)

\_\_\_\_\_  
(Permittee's Phone Number)

\_\_\_\_\_  
(Permittee's Address)

has applied for a *Block Party / Street Closure Permit* with the City of Long Beach. If a *Block Party / Street Closure Permit* is granted, all City personnel involved in Public Safety and City Operations will be notified of the street closure.

The permittee shall make every reasonable effort to not disturb you and will abide by the hours set forth on this form. Thank you in advance for your cooperation while this street closure occurs in your neighborhood.

### Rules & Conditions the permittee **MUST** abide by

1. Residents **MAY** enter and exit at **ALL TIMES**.
2. Residents **MAY** park on the street during event hours.
3. This is **NOT** a permit for **live or amplified music**.
4. **Alcohol** is **NOT** allowed on City streets or sidewalks.
5. **Fireworks** are **ILLEGAL** in the City of Long Beach.

\_\_\_\_\_  
(Date of the Block Party / Street Closure)

\_\_\_\_\_  
(Time of the Block Party / Street Closure)

\_\_\_\_\_  
(Location of Block Party / Street Closure)

**Building or Apartment Owner / Manager** In multiple unit apartments and businesses, owners or managers may sign on behalf of tenants, but **MUST** notify all tenants. If you agree to the Block Party / Street Closure, by checking the box at the left you agree to **NOTIFY ALL TENANTS** and know of no substantial objection to the proposed street closure.

### Please Indicate Your Survey Response Below:

- I **ACCEPT** the scheduled street closure request. (Yes)
- I **DO NOT ACCEPT** the scheduled street closure request. (No)

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Your Residence or Business Address)

If you have any questions or concerns regarding this request, please contact the Office of Special Events & Filming at (562) 570-5333.