

**City of Yuba City Street Closure – Block Party Neighborhood Petition**

Date of Event: \_\_\_\_\_  
Time of Event: \_\_\_\_\_  
Name of Contact for the Event: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Instructions: Attached a copy of the Street Closure Request form to this form to provide information and description to the neighbors. Applicant shall list all addresses affected by street closure and acquire signatures from current residents. Please have participants complete the form below. You may attach additional sheets if needed.

Address	Print Name	Date	Agree/Disagree	Signature