

RESIDENTIAL PERMISSION SLIP
 (For neighborhood gatherings/block parties only)

EVENT INFORMATION

Event Contact Person: _____ Phone: _____

Name of Sponsoring Organization: _____

Street(s)/Road/Hwy to be closed: _____

Event Description: _____

Event Dates Approved: Start: _____ End: _____

Event Time(s) Approved: _____ a.m. p.m. to _____ a.m. p.m.

Number of Attendees Authorized: _____

In order to be in compliance with Tooele City requirements, a list of signatures consenting to the closure form all residents whose vehicular access to their property will be affected by the closure.

Please sign below if you have no objections to this event being held at the above location.

Printed Name	Signature	Address