



City of Crystal

Block Party Request Form

Submit completed forms to:
Crystal Police Department, Records Unit
4141 Douglas Drive, Crystal, MN 55422

Contact Person: _____ **Daytime Phone #** _____

Address: _____

Date of Party _____ **Location of Party** _____

Purpose of Party _____

I would like to block off _____

at the intersection of _____ **and** _____

Number of barricades requested: _____

Beginning time: _____ **Ending time:** _____

CITY STAFF TO COMPLETE ITEMS BELOW

Date received: _____

Approved by Public Works: _____

Letter sent: _____