



THE CITY OF NEW YORK
COMMUNITY BOARD SIX

SAPO Event ID Number: _____

Street Closure Support Signature Gathering Form

To the residents/business owners of _____, between _____ and _____.
insert street name *insert cross street* *insert cross street*

Please sign this form to show your support for our upcoming street closure to be held on: _____ .
insert date of proposed street closure

#	PRINT NAME	SIGNATURE	ADDRESS	EMAIL - By providing your email you will receive the monthly CB6 newsletter
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Apply for your block party permit online by visiting the Street Activity Permit Office (SAPO) website. Once you've collected 20 signatures from people who live on the block, please mail, deliver or fax this form to the Brooklyn CB6 office. You may use your own form to gather signatures.