



City of Crystal

Block Party Request Form

Complete and submit to:

Crystal Police Department Records Unit
4141 Dougals Dr. N.
Crystal, MN 55422

Email:

PoliceRecords@crystalmn.gov

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

Address and zip: _____

Email: _____

Date of Party: _____ **Beginning time:** _____ **Ending time:** _____

Party Location: I would like to block off (street) _____

at the intersection of _____ **and** _____

Purpose of party: _____

Request a police officer or firefighter to stop by (circle one): **Police** **Firefighter** **None**

Number of traffic cones needed (circle one): **0** **2** **4** **6** **8**

OFFICE USE ONLY

Date received: _____

Approved by public works: _____

Letter sent: _____