

Block Party Consent Form

Written consent from all residents/businesses of the impacted street/alley is required for event to be held on the date of October 12th, 2019 and located on Jay Street from 5th to alley.
(Description of street/alley to be used)

NAME (Print) Robin Moses ADDRESS 500 Main Street DM1
SIGNATURE [Signature] PHONE# 608-784-0440 DATE 9-12-19

NAME (Print) Brian McCarty ADDRESS Scenic Concepts Exchange Appreciation 205 5th Ave Phone wait for Signature
SIGNATURE [Signature] PHONE# 608-792-8451 DATE 9-12-19

NAME (Print) Isaiah Thomas ADDRESS 508 Say St. Good Fight
SIGNATURE [Signature] PHONE# 608 518 3301 DATE 9/5/19

NAME (Print) [Signature] ADDRESS Hollywood Theater 507 Main St. La Crosse, WI
SIGNATURE [Signature] PHONE# 608-784-1355 DATE 9-12-19

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ PHONE# _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ PHONE# _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ PHONE# _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ PHONE# _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ PHONE# _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ PHONE# _____ DATE _____

Continue on back page as needed...