

Registration Form

City of Bixby Block Party Permit

CONTACT PERSON _____

ADDRESS _____ **ZIP** _____

TELEPHONE Day _____ Night _____

EMAIL ADDRESS _____

NEIGHBORHOOD ASSOCIATION _____

COUNCIL DISTRICT NUMBER _____

DATE OF PARTY _____

TIME: From _____ **To:** _____ (Streets must be cleared and barricades removed by 9:00 pm)

PARTY LOCATION (please be specific) _____

WILL YOU NEED BARRICADES? Yes _____ No _____

Please note that barricading or blocking any street in the City of Bixby requires the approval of the City Council and your registration form will need to be on the agenda for the next City Council meeting two weeks prior to that meeting.

Please return the completed registration form to:

City of Bixby
Neighborhood Association Coordinator
P. O. Box 70
116 West Needles
Bixby, OK 74008

(918) 366-4430
Fax (918) 366-6373

