

<b>Borough of Glenolden</b>	
Delaware County, Pennsylvania	
36 E. Boon Avenue	
Glenolden, Pennsylvania 19036	
Phone: 610-583-3221	Fax: 610-583-2040

**Block Party Information & Opinion Response Form**

**IMPORTANT:** BLOCK PARTY **SPONSOR** SHOULD COMPLETE THE SHADED AREAS PRIOR TO DISTRIBUTION. THE SPONSOR SHOULD DISTRIBUTE THIS FORM (OR PHOTOCOPIES) TO ALL RESIDENCES OF THE BLOCK (S) REFERENCED BELOW. A COPY OF THIS FORM SHOULD BE FILED AT THE BOROUGH OFFICE **PRIOR** TO ITS DISTRIBUTION.

<b>SPONSOR/EVENT INFORMATION:</b>			
Sponsor's Name _____	Address _____		
Date of Proposed Block Party _____	Start time _____	End time _____	
Rain-date (if applicable) _____	Start time _____	End time _____	
Streets to be affected _____ between _____ and _____			

Dear Glenolden Resident:

The above named sponsor has proposed a block party as described above. Prior to considering the request for approval of the block party and for the closing of affected Borough streets, Borough Council desires input from those persons who would likely be most affected by such an event, the residents of the block(s) in question. Please take a few moments to complete this form. If you have any additional comments, suggestions, or questions, please provide them on the back of this form. **The completed form can be returned either to the sponsor or to Borough Hall at the address or facsimile number listed above.**

Sincerely,  
*Glenolden Borough Council*

<b>RESIDENT INFORMATION:</b>	
Name _____	Address _____
Check one:	<input type="checkbox"/> I <b>SUPPORT</b> the proposed block party. <input type="checkbox"/> I <b>OPPOSE</b> the proposed block party. <input type="checkbox"/> I have <b>NO OPINION</b> with regard to the proposed block party.
If approved, would it be likely that you would participate in the block party?	
Check one:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Signature _____	Date _____

**RESIDENT: USE REVERSE SIDE FOR ADDITIONAL COMMENTS, SUGGESTIONS, OR QUESTIONS.**

**PLEASE RETURN COMPLETED FORM BY \_\_\_\_\_.**  
**(date)**