

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 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