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| Registration info. |  | | | | | | | | | |  | | | |
| Coordinator’s Name (First, Middle, Last) | | | | | Phone No. 1: | | | Phone No. 2: | | | | Phone No. 3: |  |
|  | | | | |  | | |  | | | |  |
| Street Address: | | | | | | E-mail Address: | | | | | | |
|  | | | | | |  | | | | | | |
| Location of party/event if different from above address: | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| Event Details | Event Start Time: | Event End Time: | | | # of Houses Invited: | | | Expected # of Children: | | | | Expected # of Adults: | | |
|  |  | | |  | | |  | | | |  | | |
| Event start and end times are used to schedule visits from police and fire. The start time should reflect when your guests will be ready to receive visitors. Visitors will be making an unannounced stop at your event, anytime between your listed start and end times. | | | | | | | | | | | | | |
| Will you be blocking your street off  Yes  No | | | Which intersections? | | | | | | | | | | |
| Barricades will be dropped off by the City prior to your celebration. They are delivered to the intersections that will be blocked off and it is the Coordinator’s responsibility for setting them up and tearing them down. The City will pick up the barricades after Night to Unite. | | | | | | | | | | | | | |
| Any special plans for your celebration? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Mail to: | | | Fax to: | | | | | | | Email to: | | | | |
| Osseo Police Department  C/o Officer Mortinson  415 Central Ave.  Osseo, MN 55369 | | | (763) 424-4616  Attn: Officer Mortinson | | | | | | | tmortinson@ci.osseo.mn.us | | | | |
| APPLICATION DUE BY: 5:00p.m. on Tuesday July 30st, 2019 | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| DISCLAIMER | | | | | | | | | | | | | | |
| Please understand that we attend many block parties during Minnesota Night to Unite in a short period of time. The length of visits may be limited due to time constraints. Your understanding in this matter is greatly appreciated. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ANY ADDITIONAL INFORMATION/REMARKS/QUESTIONS: | | | | | | | | | | | | | | |
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