



**CITY OF NEW YORK**  
**MANHATTAN COMMUNITY BOARD 10**  
 215 West 125<sup>th</sup> Street, 4<sup>th</sup> Floor—New York, NY 10027  
 T: 212-749-3105 F: 212-662-4215

**CICELY HARRIS**  
 Chairperson

**SHATIC MITCHELL**  
 District Manager

# Neighborhood Petition Form

**Name of Event:** \_\_\_\_\_

**Name of organization hosting the event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Timespan of Event:** Start: \_\_\_\_\_ Finish: \_\_\_\_\_

**Event ID Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Brief Description of Street Action:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I am a neighbor and/or business representative affected by the proposed closing. By signing this petition form I acknowledge that I have been properly notified and have no problems or concerns for the above stated street closure.**

	Name	Signature	Address	Phone Number
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	<b>Name</b>	<b>Signature</b>	<b>Address</b>	<b>Phone Number</b>
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	<b>Name</b>	<b>Signature</b>	<b>Address</b>	<b>Phone Number</b>
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	<b>Name</b>	<b>Signature</b>	<b>Address</b>	<b>Phone Number</b>
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	<b>Name</b>	<b>Signature</b>	<b>Address</b>	<b>Phone Number</b>
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