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Linda Watson-Lorde Executive Secretary

Christian Loubeau Treasurer

Nicolas Almonor Member-at-Large

Khyrie Alleyne Member-at-Large

BROOKLYN COMMUNITY BOARD 9

SAPO Event ID Number:

Street Closure Signature Form

Name of Event:			
Name of Organization:			
Location of Event:			
Date of Event: Start Time: End Time:			
Representative Name:			
Email:			
Phone:			
Event Description:			

You must collect at least 20 signatures from residents and/or business owners who live/conduct business on the block. If you must receive a signature from a business, the signature must belong to the manager/director of the business.

Once collected, please (e)mail, or deliver this from to our office located at 890 Nostrand Avenue, Brooklyn, N.Y. 11225, or via <u>bk09-1@cb.nyc.gov</u>.

Street Closure Petition Signature Sheet

By providing my name and email, I support the above-referenced street closure on the proposed date. I acknowledge that my personal information will remain confidential and protected by Brooklyn Community Board 9 staff.

First Name	Last Name	Email