Streets for People
Neighbour approval sign-off

Day: _____ Time: _____ to _____ Street name: _____ From: # _____ to # _____

Organiser: _____ Phone: _____ Email: _____

This form must show that a minimum of 80% of affected households support the street closure.*

Name	Address	Signature	Support	Don't support

* By supporting this event, I accept that the event as described above may impact my ability to access my property during the event. Emergency services access is required, and will be maintained.

Christchurch City Council