

Street Name(s): _____

Resident Applicant/Sponsor: _____

This is a **Healthy Street** or **Play Street** *circle one*

If you approve this Living Streets activation, sign below.

From: *Lowest address* _____ to: *Highest address* _____

Start Date: _____ Duration: *months* _____

Zip code: _____

Required				Not Required			
Resident			Address	Contact Information	Additional information		
	First Name (Print)	Last Name (Print)	Signature	Street	Email	I am interested in emails about Living Streets	I would like to be a Living Streets ambassador
Ex	Joseph	Resident	X	1234 Joy Street	JR@EMail.com	Y / N	Y / N
1			X			Y / N	Y / N
2			X			Y / N	Y / N
3			X			Y / N	Y / N
4			X			Y / N	Y / N
5			X			Y / N	Y / N
6			X			Y / N	Y / N
7			X			Y / N	Y / N
8			X			Y / N	Y / N
9			X			Y / N	Y / N
10			X			Y / N	Y / N