OAKLAND POLICE DEPARTMENT
Encroachment Petition
TF-696-3 (Jul 10)

Name of Person/Organization Circulating Petition
Address of Person/Organization Circulating Petition

I / My organization request your approval to encroach upon the block(s) of:

Day of Encroachment	Date of Encroachment	Start Time	End Time

As required by the Oakland Police Department, I agree to install street barricades for the event, to clean the area after the event, to reimburse the City for any expenses that may have incurred as a result of the event, and to comply with any other conditions that are set forth in the permit to hold this event. I agree to take this Petition to each resident on the target block or give reason why resident was not contacted.

Signature of Person Circulating the Petition Date

Resident/Business Representative: Please indicate whether you/your business approve (yes) or disapprove (no) of the proposed encroachment. Please sign below, include your telephone number and check the appropriate box.

Address	Contact No.	Signature	Yes	No

Address	Contact No.	Signature	Yes	No