

TOWN OF PALMER LAKE

OUTDOOR AMPLIFIED SOUND EVENT REQUEST FORM

ENTITY: _____

CONTACT NAME (DAY OF EVENTS): _____

CONTACT NUMBER (DAY OF EVENTS): _____

DATE(S) OF EVENT: _____ TIME: _____

DESCRIPTION OF EVENT/OUTDOOR VENUE: _____

ANTICIPATED PARTICIPANT/PATRONS: _____

DESCRIBE OUTDOOR SET UP: _____

Please allow a minimum of 5 business days for review/approval with Palmer Lake Police Department review. Note the enclosed code reference, section 9.48.070 conditions of the permit.

I agree that the information above is true and I agreed that I will follow the conditions of the Municipal Code relating to the Permit for Amplified Sound as provided me.

SIGNATURE

DATE

FOR OFFICE USE ONLY:

APPROVED BY:

DATE

CONDITIONS (IF APPLICABLE): _____
