



## REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

### Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Organization Name, if applicable: \_\_\_\_\_

Email address: \_\_\_\_\_

### Event Information

Name of Event: \_\_\_\_\_

Event location (s): \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event Start time- End time: \_\_\_\_\_

Number of people attending: \_\_\_\_\_

This application will be formally reviewed by the Health and Recreation Committee.  
Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.