



Ryan Delk
Safety Service Director

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NOISE: USE OF SOUND DEVICE REQUEST

PLEASE PRINT

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

ORGANIZATION REPRESENTED (if applicable): _____

SPECIAL EVENT: _____

ADDRESS OF EVENT: _____

DATE(S) OF EVENT: _____

TIME OF EVENT COMMENCING: _____ ENDING: _____

PLEASE ATTACH EVENT SCHEDULES/BROCHURES (IF APPLICABLE). IF ADDITIONAL SPACE IS NECESSARY, PLEASE USE THE BACK OF THIS FORM.

APPLICANT'S SIGNATURE

ALTERNATE CONTACT PERSON (IF APPLICABLE):

NAME

PHONE NO.

Approved: _____ Declined: _____

*All requests must cease by midnight

SAFETY/SERVICE DIRECTOR SIGNATURE

DATE

Cc: Police Dept.