Seymour Police Department

306 North Main Street • Seymour, Wisconsin 54165 • Fax: 920.833.7133 • Phone: 920.833.2366

Amplify Device Permit

City of Seymour Wisconsin Ordinance Chapter 50-37 (c)

[60 DAY NOTICE REQUIRED FOR PERMIT APPROVAL]

Name of responsible contact person (present during event):

_____

Contact Person phone numbers: H (_____) _____-_____

W (_____) _____-_____

C (_____)_____-_____

Email address:_____

Date submitted:_____

Date of event:_____

Event name:_____

Time of event:_____

Location of event:_____

Equipment operation involved:_____

_____

Steps taken to minimize noise:_____

_____

_____

Requestor:_____
Signature

Approved by:

- Ordinance NO.OR 2010-102 attachment

w/department.forms/ampilfydevicepermit