

**TOWN OF JACKSON
JACKSON POLICE DEPARTMENT**

NOISE PERMIT APPLICATION

PLEASE PRINT AND USE A BLACK OR BLUE INK PEN. Thank you.

Event Sponsor (Person responsible for event and noise if complaints are received):

Name: _____ Date of Birth: _____

Phone number (_____) _____ - _____

PO Box: _____

Town: _____ State _____ Zip Code _____

Street Address: _____

Town: _____ State _____ Zip Code _____

Location of Event: _____

Physical Address: _____

Date(s) of Event: _____

Requested Starting Time of Event: _____ a.m./p.m.

Requested Ending Time of Event: _____ a.m./p.m.

Please be advised that the noise permit will not extend beyond 11 p.m.

Type of Event: _____

(i.e. Baptism, Birthday Party, Wedding, Concert, Employee Party, etc.)

Please **explain** the type of noise expected. Live music, band, D.J., acoustic, amplified music, sound system of any type, dancing, etc.

Band Name: _____

Telephone or email address: _____

or

First and last name of person providing music: _____

Telephone or email address: _____

Signed: _____ / _____

(Event Sponsor – Responsible)

(Date)