

**TOWN OF THREE LAKES
PERMIT FOR USE OF AMPLIFYING DEVICE**

Please fill in *all* information that pertains to the permit for which you are applying. (*not intended for individuals*)

Today's Date: _____

Date(s) of Event: _____

Name of Event: _____

Time(s) of Event: _____

Location of Event: _____

Purpose of Event: _____

Applicant Person(s): _____

Mailing Address: _____

Physical Address (if different): _____

Phone: _____

Certification: *In applying for this permit, I certify that I have been provided with a copy of the Town of Three Lakes Provisions for Noise Ordinance and that I and/or my organization or group will abide by all the provisions therein.*

Signature of Applicant: _____

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Approved by the Three Lakes Chief of Police or Town Clerk on: _____

With the following restrictions and conditions (if any): _____

Signature of Authority: _____

Town of Three Lakes
6965 W. School Street
P.O. Box 565
Three Lakes, WI 54562
Phone: 715-546-3316
Fax: 715-546-3384

Final approval of this permit is based on the recommendation of the Town of Three Lakes Chief of Police