

Brenda Younger, M.M.C. 785-368-3940 Email: byounger@topeka.org

Noise Exception Application

Submit this application to: City of Topeka City Clerk's Office; 215 SE 7th Street, Room 166; Topeka, Kansas 66603 or email cclerk@topeka.org. For assistance call 785-368-3940 during business hours.

| Name/Business of Applic | ant: | | |
|---------------------------|---|--|-----------------|
| Address: | | | |
| Council District No | | | |
| Event Date: | Start Time: | am/pm | am/pm |
| Estimated attendance: | | | |
| Will there be any roadway | ys, alleys, sidewalks closed? y | es No | |
| Complete description | of amplified noise event: | | |
| Primary On-Site Con | ntact Person | | |
| Name: | | | |
| Home Phone: | Work Phone: | Cell Phone: | |
| Email: | | | |
| to sign this application | n and any subsequent docur must be an individual wh | individual who possesses full nents on behalf of said entity o can provide appropriate a | y. The primar |
| provided to residents as | nd/or business owners/tena neliness of such notification | ndful of the manner in which nts who live and work within, as these individuals will be | the surrounding |
| PRINTED NAME of autl | horized representative/applica | nt nt | |
| SIGNATURE of authoriz | zed representative/applicant | Date | |