



Ryan Delk
Safety Service Director

City of Greenville
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SPECIAL EVENT 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: _____

BEGINNING TIME OF EVENT: _____ ENDING: _____

*All requests must cease by midnight

Please attach event schedules/brochures (if applicable). If additional space is necessary, please use the back of this form.

APPLICANT'S SIGNATURE

DATE

ALTERNATE CONTACT PERSON (if applicable):

NAME

PHONE NO.

(For City Use Only Below)

Approved: Yes No

SAFETY/SERVICE DIRECTOR SIGNATURE

DATE

Cc: Police Dept.