



City of Greenville

100 Public Square
Greenville, OH 45331
(937) 548-1819

SOUND DEVICE PERMIT

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

APPLICANT'S PHONE NO. _____

ORGANIZATION REPRESENTED _____

SPECIAL EVENT _____

ADDRESS OF EVENT _____

DATE (S) OF EVENT _____

TIME OF EVENT COMMENCING _____ ENDING _____

ATTACH EVENT SCHEDULES/BROCHURES. IF ADDITIONAL SPACE IS NECESSARY, PLEASE USE THE BACK OF THIS FORM.

APPLICANT'S SIGNATURE

ALTERNATE CONTACT PERSONS

NAME

PHONE NO.

NAME

PHONE NO.

APPROVAL DATE _____

SAFETY/SERVICE DIRECTOR _____

C: POLICE DEPT.