

Request For Noise Ordinance Waiver

Requests must be submitted at least 10 business days prior to event date to:
City Recorder Lilly Alarcon-Strong at lalarcon-strong@hermiston.gov or at City Hall.

Name	of Person Requesting V	Vaiver:				
Date S	ubmitted:	Address	s:			. <u> </u>
Teleph	one Number:	Email A	ddress:			
Date o	f the Event/	/ Time of Ever	nt- From:		To:	_
Locatio	on/Address of Event- <mark>E</mark> v	vent Must Be In City Limits				
Estima	ted number of people	attending event:	_			
Source	of excessive volume (circle all that apply):	DJ I	ive Music	Other (describe b	pelow)
Descril		or which the waiver is being	·			
	•	loise Ordinance Waiver, I ag in this form and that this wa				
Signature of Applicant					Date	
*****	*******	******************For	City Staff	Use Only***	*******	******
Date R	eceived:	Route t	o:	City Re	corder	
Reviev	ved by:					
	Police Chief- Review	and Comments:				
	☐ City Manager- Review and Comments:					
	☐ Approved					
	□ Denied					
	City Recorder- Date (City Council and Requester r	notified: _	//	, 	