



Noise By-law Exemption Request Form

Application for exemption to By-law 2001-034

Contact Information:

First Name: _____ Last Name: _____

Organization (if applicable): _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone #: _____

Email Address: _____

Reason for Request:

Event name or description: _____

Type of noise: _____

Duration of noise: _____

Other supporting information:

Submit request with \$100 payment to:

City Clerk
City of Owen Sound
808 2nd Avenue East
Owen Sound, ON N4K 2H4

Signature of Applicant

Date

Payment can be made via cash, cheque, debit, or credit card.

Personal information contained on this form is collected under the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to answer your request. Questions about this collection should be directed to the City Clerk.