

## 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:	
Date and duration of noise:	
Other supporting information:	
Submit request with \$125 payment to:	
City Clerk City of Owen Sound 808 2 <sup>nd</sup> 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.