



WAIVER REQUEST FORM

DATE OF EVENT: _____ TIME(S) OF EVENT: _____

SUBJECT/REASON FOR WAIVER REQUEST: _____

Noise Ordinance Waiver | Street Closure | Parking Mall Closure

If waiver is for a City Park: Reserved Not Reserved

Please be specific and specify organizer, location, reason for the event, and request: .

The organizer of the event is responsible for cleaning up the area requested for usage at the end of the event and to provide security during the event.

Sign acknowledgement _____

REQUESTED BY:

NAME & ORGANIZATION: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

EMAIL: _____ FAX #: _____

NOTE: If approved, this waiver in no way obligates the City of Hammond to make any notifications or to supply set up, cleaning, or other services for this event.

All requests have to be submitted to Dori St. Cyr in the Mayor & Administration Office, requests can be submitted electronically to stcyr_d@hammond.org or fax (985) 277-5607. If you have any questions please call (985) 277-5603.

BELOW TO BE FILLED OUT BY CITY ADMINISTRATION

DATE RECEIVED BY: _____ TIME RECEIVED: _____

APPROVED: _____ (YES) _____ (NO)

REMARKS: _____

Authorized Signature

Date