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

**SUBJECT/REASON FOR WAIVER REQUEST: LOCATION:**

**Noise Ordinance Waiver | Street Closure | Parking Mall Closure**

**(All noise is to be in moderation) (Must provide map or list of closed streets or parking malls with names)**

**With all complaints Police will determine the end time of waiver.**

**If waiver is for a City Park or City Property: Reserved | Not Reserved**

**CHECK IF NEEDED: ELECTRICITY | WATER SERVICE | BARRICADES**

**(Must notify at least a week before the event)**

**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 Alma Mitchell in the Mayor & Administration Office, requests can be submitted electronically to mitchell\_ap@hammond.org or fax (985) 277-5602.

If you have any questions please call (985) 277-5601.

**BELOW TO BE FILLED OUT BY CITY ADMINISTRATION \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

DATE RECEIVED BY: TIME RECEIVED:

APPROVED: (YES) (NO)

REMARKS:

 Authorized Signature Date