



REQUEST FOR AMPLIFIED SOUND

West Bountiful City

550 N 800 W,
West Bountiful, UT 84087
Phone: (801) 292-4487
www.WBCity.org

APPLICANT NAME (Primary Contact): _____

NAME OF GROUP, IF APPLICABLE: _____

ADDRESS OF ABOVE: _____

PRIMARY PHONE: _____ BACK-UP PHONE: _____

EMAIL(s): _____

PROPOSED ACTIVITY: _____

LOCATION OF ACTIVITY: _____

BOWERY RESERVED? _____ RESERVATION DATE/TIME(S): _____

NUMBER OF PEOPLE EXPECTED: _____ TOTAL HOURS REQUESTED: _____

TIME AMPLIFIED SOUND TO BEGIN: _____ END TIME: _____

DESCRIBE THE TYPE OF AMPLIFIED SOUND YOU ARE REQUESTING (recorded music over speakers, live music, talking over microphone, etc.):

I certify that the above information is true and correct to the best of my knowledge. Any permission granted may be revoked by a West Bountiful police officer if it is determined that the existing situation exceeds what has been permitted.

Date: _____

Applicant Signature: _____

FOR OFFICIAL USE ONLY

Application Received date: _____ Approval signature: _____

Application Approved date: _____ Approved by: (please print): _____

Copy to Reservation Clerk: _____ Applicant notified: _____