

Noise Exemption Permit

In reference to City of Carroll Code Chapter 44 Noise Control Return completed form to the Carroll Police Department 112 E 5th Street Carroll Iowa 51401 police@cityofcarroll.com

Please complete the following information completely:

What is the Business or Group Name?		
Contact Person:		
Address:		
City:	State: Zip:	
Daytime Phone Number:	Email:	
Start time:	End Time:	
Activity the variance is requested for:		
Location of Activity:		
Telephone Number of On-Site Contact Person: _		
\Box I have contacted residents adjacent to the prop	perty that is stated on this permit.	
The Police have the authority to cease music or r the event if complaints are received.	require reduction of volume for the remainder	of
□Approved	□Not Approved	

Applicant