## REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna 144 W Second St Kaukauna, WI 54130

## **Applicant Information**

Name: Kult R. Sedo Date of Birth: 07/05/1968  Address: 605 W. W. Sconsin Ave Knokuma Phone number: 920-850-3056  Organization Name, if applicable: None  Email address: Ksedo 20120 5 mail. con / Ksedo Opharmacircle.com
Event Information
Name of Event: Celebration of Cife: Brita FinlaySoh  Event location (s): 1006 ISland Pavillion Date of Event: 8/11/3024  Event Start time- End time: 12-6. Amplified 2-4 Centre Marie Accordance Service Pretra
This application will be formally reviewed by the Health and Recreation Committee. Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.
CITY OF KAUKAUNA  144 W 2nd Street 920.766.6300 Kaukauna, WI 54130 www.cityofkaukauna.com