



REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Isabel Kutzner Date of Birth: 11-18-1988
Address: 107 E 9th St, Kaukauna Phone number: 920-713-9088
Organization Name, if applicable: _____
Email address: Kutzner, isabel@gmail.com

Event Information

Name of Event: Deyra's Quinceañera
Event location (s): Community Room Date of Event: 6-1-24
Event Start time- End time: 6-1-24 - 3pm - 12pm
Number of people attending: 200

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.

For questions: tvosters@kaukauna-wi.org