



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Marty DeCoster

Date of Birth: 12-30-1978

Address: 157 Raught St

Phone number: 920-716-7484

Organization Name, if applicable:

Email address: shertpantysz28@gmail.com

Event Information

Name: Wisconsin Ave Block Party of _____ Event: _____

Event location (s): West Wisconsin

Date of Event: 9/21/24

Street Closure 8am - Midnigh / Event 2pm until 11pm

Event Start time- End time:
CITY OF KAUKAUNA 144 W 2nd Street
Kaukauna, WI 54130

920 766 6300
www.cityofkaukauna.com

Number of people attending: 800-1000

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.