



## REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

### **Applicant Information**

Name: Rachel Elliott Date of Birth: 11/27/1994  
Address: 144 E 2nd St, Kaukauna Phone number: 715-581-0408  
Organization Name, if applicable: Flow Family Chiropractic  
Email address: dr.rachel@flowfamilychiropractic.com

### **Event Information**

Name of Event: Reset + Realign  
Event location (s): Hydro Park  
Date of Event: 9/16/23  
Event Start time- End time: 10am-11am  
Number of people attending: 30 max

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: [russove@kaukauna-wi.org](mailto:russove@kaukauna-wi.org)

