



REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Mary Petit Date of Birth: 01-01-60
Address: 157 Woodland Ct Kau. Phone number: 920 766-9688
Organization Name, if applicable: _____
Email address: petit2two@gmail.com

Event Information

Name of Event: Wedding (Cerimone Dinner & Reception)
Event location (s): Community Room Date of Event: 11/12/22
Event Start time- End time: 10:00am
Number of people attending: 150-200

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