REQUEST FOR AMPLIFIED MUSIC



City of Kaukauna 144 W Second St Kaukauna, WI 54130

Applicant Information

Name:Chris Wachel 11-20-1966	Date of Birth:
Address:1010Riverside Dr. Kaukauna number: _920-841-0918	Phone
Organization Name, if applicable:Riverside Rally	
Email address: wachsone@aol.comwachsone@aol.com	
Event Information	
Name of Event:Riverside Rally	
Event location (s):Riverside Park	
Date of Event:May 13	
Event Start time- End time:9am until 3pm	
Number of people attending:100	
This application will be formally reviewed by the Health and Peeres	tion Committee

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: rrussove@kaukauna-wi.org



