



Dunn Police Department

Permit to Exceed Noise Limits

Name of Applicant:_____

Address:_____

Contact number:_____

Type of activity/description:_____

Date of Event:_____

Proposed Start time:_____ Proposed End time:_____

Proposed place:_____

Number of People:_____

Name of person in charge of the event:_____

Address:_____

Contact number:_____

Date application submitted:_____

Signature of Applicant:_____

E-Mail Address _____

*****Department Use Only*****

Application Received: Date:_____ Time:_____

Approved ☐ Approved (with stipulations) ☐ Disapproved ☐



Signature (City Manager):_____

Signature (Chief of Police):_____

LIST ANY STIPULATIONS BELOW
