

# AMPLIFIED SOUND PERMIT

Name of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Event Sponsor/Organization: \_\_\_\_\_

Address (if off-campus organization): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorized Representative to be Present at Event: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date(s) of Event: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Est. Attendance: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Amplified Sound: 12:00 p.m. – 2:00 p.m.  
5:00p.m. – 7:00 p.m.

Requested Location: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Type of Amplification: \_\_\_\_\_

(i.e., band, CD player, DJ, speaker, etc.)

I hereby acknowledge that I am a duly authorized representative of the organization, department or office requesting this Amplified Sound Permit. I have read the attached policy and procedures related to the use of amplified sound as stated in Administrative Procedure 505, Use of Facilities and Equipment, and hereby agree to abide by the provisions stated therein.

\_\_\_\_\_  
Name (printed) Title (printed)

\_\_\_\_\_  
Signature Date

**-APPROVING AUTHORITY USE ONLY**

Name and Title of Approving Authority\*: \_\_\_\_\_

Approval Granted: \_\_\_\_\_ Approval Denied: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Student Organizations: Center for Student Involvement (USU 204)

On-campus Departments/Organizations:

Off-campus Organizations: Vice President for Administration and Chief Financial Officer

c: Public Safety  
Facility Monitor  
Event Sponsor  
VP Offices