

**TOWN OF JACKSON/ JACKSON POLICE DEPARTMENT  
NOISE PERMIT APPLICATION**

Please submit completed application via fax (307-733-3241) or email to: [jpdic@jacksonwy.gov](mailto:jpdic@jacksonwy.gov) at least 3 working days prior to event.

**PLEASE PRINT AND USE A BLACK OR BLUE INK PEN. Thank you.**

EVENT SPONSOR~ (Person responsible for event and noise if complaints are received):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signed: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Event Sponsor)

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

EVENT INFORMATION:

Location of Event: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Requested Starting Time of Event: \_\_\_\_\_ a.m./p.m.

Requested Ending Time of Event: \_\_\_\_\_ a.m./p.m.

**Please be advised that the noise permit will not extend beyond 11 p.m.**

Type of Event: \_\_\_\_\_

(i.e. Baptism, Birthday Party, Wedding, Concert, Employee Party, etc.)

Please **explain** the type of noise expected. Live music, band, D.J., acoustic, amplified music, sound system of any type, dancing, etc.

Band Name: \_\_\_\_\_

Or first and last name of person providing music: \_\_\_\_\_

Contact information for Band or person providing music:

Telephone or email address: \_\_\_\_\_