

TOWN OF MINT HILL NOISE APPLICATION



FOR OFFICE USE ONLY

Date Filed _____

Date Issued _____

Date Denied _____

Name: _____

Address: _____

Phone: _____

Is the applicant the person responsible for this activity? _____

If not, list name, address and phone number of each person in charge:

Date of the Activity _____ Time (Start to finish) _____

Location of Activity:

Describe fully what the activity will consist of, and who or what will be involved:

Applicant Signature

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REVIEW

Police Department

Chief of Police