

NOTIFICATION OF AMPLIFIED SOUND

Pursuant to Crested Butte Ordinance No. 19, Series 2007 (a.k.a. The Noise Ordinance) please be advised that there will be amplified sound in your neighborhood on the date(s) and time(s) described below during a Town approved Special Event.

Event Name: _____

Event Date(s): _____

Event Location(s): _____

Scheduled Start Time(s) and Day(s): _____

Scheduled End Time(s) and Day(s): _____

Type if Amplified Sound: _____

Event Holder Contact Name: _____

Event Holder Contact Number: _____

Town Council Approval Date and Time (if Applicable): _____