

Temporary Noise Permit



City of
**Windsor
Heights**
the heart of it all

Application Date: _____

Company Name: _____

Address: _____

Telephone: _____

Contact Name: _____

Email: _____

Date and Time of Use: _____

Description of Event: _____

Proposed Location: _____

Type of sound: _____

Proposed sound pressure level output of the sound
equipment: _____

Processing fee \$20.00:
City of Windsor Heights
1133 66th Street
Windsor Heights, Iowa 50311
515-279-3662
Fax 515-279-3664

Approved Denied Date: _____

Police Chief