Print Form

NOISE PERMIT
FOR
TOWN OF SURF CITY

Name (or Organization): _____

Address: _____ Phone: _____
(Location of Event)

Date of Event: _____ Email: _____

Time of Event: Start: _____ End: _____

Description of Event: (State if DJ, Band, etc.) (State if Party, Birthday, Reception, etc) _____

_____

I hereby understand that this is a request for a permit and that the Town of Surf City has the right/authority to change or alter the permit.

_____
Signature

_____
Print Name

_____
Date

Return form to: Town Clerk, Town of Surf City, PO Box 2475, Surf City,NC 28445 or fax to 910-328-1746.