

Temporary Sound Permit Form

Las Cruces Police Department 217 E. Picacho Avenue P.O. Box 20000 Las Cruces, New Mexico 88001

Applicant Information (Please Print All Information)				
Permit Requestor:				
Address:	City & Zip Code:			
Phone Number(s):	Email:			
Temporary Sound Information Event Type: Date of Event:				
Event Type:		Date o	f Event:	
Location:			Is the event Downtown?	
Is it in a residential zone? Yes No	_			
If not in a residential zone what is the distance of	of proposed act	tivities f	rom a residential zone:	
Number of amplification devices:	Anticipated direction of amplification devices:		of amplification devices:	
Start time (set-up):	End Time (tear down):			
Will the activity be held within or without a structure?				
Any other factors reasonably related to the comfort, repose, health, peace or safety of others?				

Under the provisions of the Municipal Code 19-134 of the City of Las Cruces, New Mexico, the undersigned hereby applies for a Temporary Sound Permit, and hereby agrees to the following stipulations:

- 1. Issued permits will be surrendered to any city police officer upon request when it is determined that the restriction of the permit specifying duration has been violated.
- 2. The Chief of Police will review reapplication for a permit may deny the application for reasons including; multiple documented complaints received by residents in the locality of the permitted activity, or if an applicant has previously been required to surrender a permit.

Requestor Signature	Date:		
For Staff Use Only			
Notes:			
Location Checked By:	Date:		
Approved By:	Date:		

We, the undersigned, do hereby request a Temporary Sound Permit be issued:

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