CITY OF DAVENPORT

NOISE VARIANCE PETITION FOR SPECIAL EVENTS

On the _____ day of _____, 20 ____, there is proposed an event which will include outdoor music or band, requested by _____, during the hours of _____.

***Please sign your name and print address below and indicate whether you are in favor of the noise variance, opposed to the noise variance, or are not concerned (mark one).**

***If you are unable to make contact with a resident/business, please indicate the date(s) and time(s) you attempted.**

NAME AND ADDRESS	IN FAVOR	OPPOSED	NOT CONCERNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*** If more space is needed, please use additional sheets.**

_____

Signature of Applicant Date

Office of the City Clerk
563-326-6163

226 West Fourth Street
Davenport, Iowa 52801

Email: Brian.Krup@davenportiowa.com