

RECEIPT OF NOTICE OF INTENT TO PICKET

Name of Organization: _____

Picket Location: _____

Note: If picket area is in a city park, additional permits are required from parks and recreation.

Primary Date(s): From _____ To _____

Alternate Date(s): From _____ To _____

Picketing Hours: From _____ To _____

Will Minors Participate? Yes No

Name of Person in Charge of Picketing: _____

INFORMATION OF PERSON GIVING NOTICE OF INTENT TO PICKET

Name: _____

Address: _____

Telephone Number: _____ - _____ - _____

Is sound amplification equipment to be used? (Sec 6.29) Yes No

Do you understand the restrictions on noise as provided in the Code? Yes No

Do you understand the restrictions on consumption of alcoholic beverages on any street, in any park or public place? Yes No

Have you received a copy of Section 6-13 & 6-14 Picketing Ordinances? Yes No

Signature of Applicant: _____

Official Receiving Notice: _____

Date: ____ / ____ / ____