Amplified Device Permit Application

To the Clerk of the Village of Centuria, County of Polk
The undersigned hereby applies for an Amplified Device Permit

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Property Owner Name:_____

Physical Street Address: _____

Phone #: _____ Email address: _____

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Type of Amplified device (s) used:_____

Time Day/Night for amplified device: _____
(restricted to the hours of 9:00 am to 12:00 am)

Primary purpose for permit:_____

Unless otherwise stated permit is from July 1 _____to June 30 _____

_____

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Amplified Device Permit $10.00 fee

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Dated this day _____

Signed: _____
Property Owner

Signed: _____
Municipal Clerk

****

Fee Amount _____ Permit # _____