

# COLORADO SPRINGS POLICE DEPARTMENT

## APPLICATION FOR A NOISE HARDSHIP PERMIT

Please complete the below information, being sure to include all requested information. Missing information can delay the processing of your request. It is important to note this form is only considered an application until approved. To ensure timely approval the application must be received a minimum of 30 days prior to the request date of event.

**APPLY ONLY FOR THE TIMES AMPLIFICATION OF SOUND WILL BE NEEDED.**

If it is determined that police officer(s) are required, the applicant will be contacted to discuss coverage and billing arrangements. In the event of cancellation, with less than 72 hours notice, a 2-hour per officer charge will be assessed. If you have any questions please call (719) 444-7705.

**\*\*\* IF OFFICERS ARE REQUIRED, PAYMENT MAY BE REQUIRED IN ADVANCE OF EVENT \*\*\***

### APPLICANT INFORMATION

NAME	<input type="text"/>	ORGANIZATION	<input type="text"/>
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>

### EVENT INFORMATION

<b>CHOOSE TYPE OF APPLICATION</b>	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> ORGANIZATION	
EVENT NAME	<input type="text"/>	EVENT LOCATION	<input type="text"/>
EVENT START DATE	<input type="text"/>	EVENT END DATE	<input type="text"/>
ESTIMATED NUMBER OF ATTENDEES	<input type="text"/>	<b>WHAT TIMES WILL THE EVENT START/END DAILY</b>	
TYPES OF AMPLIFICATION USED	<input type="text"/>		
	START TIME _____		END TIME _____
EVENT PURPOSE	WILL THERE BE A BEER GARDEN YES <input type="checkbox"/> NO <input type="checkbox"/>		
	LIST DATE AND TIMES YOU WOULD BE EXEMPTED	<input type="text"/>	

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

Please mail this form to the attention of the Special Events Unit , Colorado Springs Police Department,  
705 S. Nevada Ave., Colorado Springs, CO 80903 or email to [CSPDNoisePermit@springsgov.com](mailto:CSPDNoisePermit@springsgov.com)

### INTERNAL USE ONLY

	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	
DATE RECEIVED	<input type="text"/>	DATE APPROVED	<input type="text"/>
PERMIT NUMBER	<input type="text"/>	REVIEWED BY	<input type="text"/>
# OF OFFICERS REQUIRED	<input type="text"/>	# OF CRUISERS REQUIRED	<input type="text"/>

PRINT FORM

RESET FORM