

# 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 this application must be received a minimum of 30 days prior to the requested date of event.

**APPLY FOR ONLY 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. Payments can be sent to:

Colorado Springs Police Department  
Attn: Extra-Duty Coordinator  
705 S Nevada Ave  
Colorado Springs, CO 80903

**\*\*\* PAYMENT MAY BE REQUIRED IN ADVANCE OF EVENT \*\*\***

### EVENT INFORMATION

CHOOSE TYPE OF APPLICATION  INDIVIDUAL  ORGANIZATION

START DATE OF EVENT	<input type="text"/>	WHAT TIMES WILL THE EVENT START AND END DAILY?	
END DATE OF EVENT	<input type="text"/>	START TIME OF EVENT	END TIME OF EVENT
ESTIMATED NUMBER OF ATTENDEES	<input type="text"/>	TYPE OF AMPLIFICATION BEING USED	<input type="text"/>
EVENT NAME	<input type="text"/>	EVENT LOCATION	<input type="text"/>
EVENT PURPOSE	<input type="text"/>	LIST DATE AND TIMES YOU WOULD LIKE EXEMPTED	<input type="text"/>

### 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"/>	PHONE	<input type="text"/>		
EMAIL	<input type="text"/>				

### 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"/>
<input type="checkbox"/> OFFICERS REQUIRED	EST NUMBER <input type="text"/>

You may submit this form by e-mail by clicking the submit button below. You may also print off and mail or fax the form to:  
Colorado Springs Police Department / ATTN: Special Events Unit SGT / 705 S Nevada Ave / Colorado Springs, CO / 80903 - FAX: 719-578-6852

### SIGNATURE

<input type="text"/>	TODAY'S DATE	<input type="text"/>
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PLEASE TYPE YOU FIRST AND LAST NAME OR SIGN YOUR PRINTED FORM