



City of Lansing Noise Waiver Request

Virg Bernero
Mayor of Lansing

Date of Request: _____

Applicant Name: _____

Address: _____

City/Zip _____

Daytime Phone: _____ Cell: _____

On-Site Contact Name: _____ Alt Phone/Fax: _____

Description of Event/Purpose: _____

Location of Event: _____

Date(s)/ Time(s) of Event: _____

Recommended for Approval: Yes No

Approved by: _____ Date Approved: _____

Date forwarded to Public Service: _____ By: _____

The above request has been circulated to at least 50% of the residences and businesses in a 1 block radius in the area requested for the noise waiver. Their signatures appear on the attached form.

Please note: If complaints are made, you will be asked to reduce the noise. Thank you.

Send Completed Request Two Weeks Prior to Event To:

Lansing Police Department, Attn: Michelle Reddish
120 W. Michigan Avenue - Lansing, MI 48933
Phone: (517) 483-4800 - Fax: (517) 483-4824
mreddish@ci.lansing.mi.us

