



BY-LAW 3704-2024

SCHEDULE D

TEMPORARY EXEMPTION APPLICATION

Applicant Information

Name: _____

Address: _____

Phone Number: _____ Email: _____

Group or Organization:

Event Details:

Time: _____ Date: _____

Location: _____

Description of Event- Please include the source of the noise in respect of which the exemption is being requested:

Office Use Only

\$25 Fee Paid

Tender: _____

Invoice #

Date:

Approved

Declined

Approved with the following conditions:

Officer Namer (Printed)

Officer Signature

Date