**DATE OF NOTICE:** *Date of Notification*

**EVENT:**  *Name of Event*

**EVENT LOCATION:** *Venue Name and Address*

**EVENT DATE(s):** *Date(s) of Special Event*

**EVENT TIME(s):** *Time(s) of Special Event Impact*

**ORGANIZATION:** *Host Organization*

**EVENT CONTACT:** *Public Information Contact Name, Email, Phone*

**EVENT WEBSITE:** *Event Website*

**EVENT DESCRIPTION:**

*Insert event description from Preliminary Letter*

**AMPLIFIED SOUND IMPACTS**

*This event includes outdoor amplified sound.*

*Outdoor amplified sound is approved to start at TIME a.m. with a 5-minute sound check at TIME a.m. Call 911 with any complaint. There is a DPD officer on site that will be contacted to reduce the sound volume and/or turn it down.*

***Or***

*Outdoor amplified sound* *is approved until TIME p.m. Call 911 with any complaint. There is a DPD officer on site that will be contacted to reduce the sound volume and/or turn it down.*

**PARKING RESTRICTIONS**

*This event includes the following parking restrictions:*

*Insert parking restrictions table from Preliminary Letter*

**This event will implement all CDC recommended practices/guidelines to reduce the spread of COVID-19.**