

Application for Exemption to Noise By- Law 6001-24

Applicant Info	
First Name:	
Last Name:	
Address:	
Phone Number:	
Email:	
Group/Organization (If applicable):	
Event Info	
Date of Event:	
Time of Event:	
Address of Event:	
Provision(s) of By-Law from which the exemptior being sought:	n is
Γ	
Description of Event:	
Description of the source of the noise:	
Reason(s) why exemption should be granted:	

Person(s) Supervising the Activit	ies
First Name:	
Last Name:	
Address:	
Phone Number:	-
Email	
owner consenting to the exemption reclerks@erin.ca. The application fee deemed complete. Personal information, as defined in to of Privacy Act (MFIPPA), is collected will be used and/or disclosed by the about this collection of personal information.	t is not the property owner, a letter from the property must be submitted along with this application form to of \$75.00 must be received for the application to be the Municipal Freedom of Information and Protection d under the authority of the Municipal Act, 2001 and Town of Erin in accordance with MFIPPA. Questions mation should be directed to the Clerk's Office, 5684 1Z0, Telephone 519-855-4407 x223, or by email to
Date of Application:	
Signature of Applicant:	
Office Use Only	
Date Received:	
Payment Received:	
Date of Issuance:	
Signature of Issuer:	