Outside Amplification Permit Application
Town of West Yellowstone

Event: _____

Contact Person: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____

Signature of Property Owner of Record: _____

Date(s) of Event: _____
Location: _____

Amplification between the hours of: _____ and _____

Description of Event: _____
_____
_____
_____
_____

_____
Signature of Applicant

_____
Date

FOR OFFICE USE ONLY

Decision by Town Council: Approved Disapproved

Conditions: _____
_____
_____

Signature of Mayor/Town Manager: _____

_____
Date