AMPLIFIED SOUND PERMIT REQUEST
Baggins End Domes & Tri-Cooperatives

Event Coordinator: ___________________________ Date Submitted: ____________

Name of Event: ___________________________ Date of Event: ________________

Amplified Sound Requested: Start: ____________ End: ____________

Location of Amplified Sound: ___________________________

□ Inside  □ Outside

Type of Amplified Sound:

□ Live Music  □ Recorded Music  □ DJ  □ Public Speaker

□ Other (be specific): ___________________________

List Band and/or Sound Equipment Being Used: ___________________________

________________________________________________________________________________________

________________________________________________________________________________________

Comments: ___________________________

As the Event Coordinator, I have read the applicable Amplified Sound policy in the Baggins End & Tri-Cooperative Event Guidelines and agree to be present at the entire event and responsible for the adherence to these policies.

_________________________________________________  __________________________
Signature of Event Coordinator  Date

_________________________________________________  __________________________
SCHA Staff Signature  Date

_________________________________________________  __________________________
Student Housing Staff Signature  Date

□ Approved  □ Special condition of permit: _______________________________________

□ Denied on the basis of: _______________________________________________________

Copies to: □ Event Coordinator  □ SH  □ Police  □ Real Estate Services  □ SCHA

UC Davis Student Housing. University of California. One Shields Avenue. Davis, CA 95606-8712
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