



Sweet Home Police Department

1950 Main Street, Sweet Home OR 97386

541-367-5181 shpd@sweethomeor.gov

APPLICATION- PUBLIC ADDRESS SYSTEM

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ **Primary Phone:** _____

Home Address: _____

Organization's Name: _____

Organization's Address: _____

Organization's Phone: _____

Local Address of Event: _____

Nature of Business/ Event: _____

Date(s) and Time(s) of Message: _____

(Date) (From) (To)

(Date) (From) (To)

(Date) (From) (To)

Vehicle to be Used: _____

(Color) (Year) (Make) (License) (State)

**Type of Sound Amplification
Equipment to be used:** _____

Message: _____

Will PA broadcast sound travel beyond 1,000 feet? _____

(If yes application must be processed and submitted to City Council for approval)

Application Review	Signature:	Date:	Decision (Approve, Approve with Conditions, Deny):
Police Chief			
() City Council			
SHPD Case #:			