

**REGISTRATION FORM
FOR
OUTDOOR EVENTS**

Baldwin County Code Enforcement

Applicant _____

Address _____

Phone Number _____

Name of Event _____

Type of Event _____

24 Contact Person _____ Phone _____

Date and Time of Event _____

Location of Event (address) _____

(If different than person applying for Event Permit)

Property Owner's Name _____

Address _____

Phone Number _____

Organization Sponsoring Event _____

Phone Number _____

****I agree to abide by all laws of the State of Georgia and the Baldwin County Ordinance pertaining to Loud or Unusual Noise. I have been given a copy of this ordinance.****

Signature

Date

Code Enforcement Officer

Date and Time Transmitted to Sheriff's Department:

By: