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| **Weekend Sound Permit – Memorial Union (MU) Quad & SEC Plaza** | |
| * A “Sound Permit” is required for any event that occurs on the OSU Campus and will use amplified sound. * Amplified sound is defined as anything more than “laptop speakers with 25 watts”. * Sound Permits must be submitted 14 days prior to the event. | |
| **MU Quad Space, SEC Plaza Spaces** |  |
| **Type of Amplified Sound:** | Amplified Music  Amplified Speech  Live Band(s)  Other – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Event Information:** | Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reservation #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Start Time: am/pm End Time: \_\_\_\_\_\_\_\_\_\_\_am/pm (2 hours total)  ***See conditions below for time restrictions.*** |
| **Official Use:** | Date Received @ MU\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MU Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OSU Public Safety Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ |

**Amplified Sound Conditions – Weekend (Friday 4pm – 11pm, Saturday & Sunday 8am – 11pm)**

* The “Responsible Person” will be available throughout the event to respond to and cooperate with OSU Public Safety and MU Representative.
* The “Responsible Person” will turn down or terminate amplified sound upon complaint at the direction of a MU Representative or OSU Public Safety.
* A noise complaint may result in forfeiture of further sound permits for the remainder of the school/calendar year.
* If the noise level extends beyond the limits on the permit application/conditions, an MU Representative or OSU Public Safety Officer will immediately revoke this permit.
* **Weekends** hours are Friday 4pm – 11pm, Saturday 8am – 11pm and Sunday 8am – 11pm with maximum 110 dB at thirty feet from the amplified equipment.

***“I have read and understand the Amplified Sound Conditions.”***

Department or Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of “Responsible Person” (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email this form to: Reservations@oregonstate.edu**

O.A.R. 576-018-0140 On- or Off-Campus Noise Control Policy to be followed in addition to this permit.