



ONTARIO POLICE DEPARTMENT

444 SW 4TH STREET, ONTARIO, OR 97914
OFFICE: (541) 881-3225 DISPATCH: (541) 473-5125 FAX: (541) 889-3026

Application for Noise Variance for the City of Ontario (OMC:6-1-6.2)

Applicant Name: _____
Address for Variance: _____ **Phone:** (____) _____ - _____

Date(s) of Noise Activity: Start Date: _____ End Date: _____
Time Duration for Variance: Start Time: _____ am/pm End Time: _____ am/pm

Sound Source: _____

Reason for request:

Date Received: _____ Time Received: _____ Received by: _____

Approved ___ Denial ___

Fee: \$ _____

Chief of Police or Designee Date: _____

Reason for Denial:

Applicant may appeal to City Manager: OMC 6-1-6.2 (G)(5)

“Commitment-Openness-Respect-Efficiency”