

CITY OF RHINELANDER

NOTIFICATION OF PICKETING



ALL the information must be provided for process!

Group/Organization Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

APPLICANT Name: _____

APPLICANT Address: _____

Applicant Phone: _____ *Cell#:* _____

Applicant Birthdate: _____

Address while in City (If different than home address): _____

PICKET LOCATION: _____

Dates of Picketing: Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____ Sunday: _____

Times of Picketing: _____

Signature: _____ Date: _____

Property Owner: Business Owner: Agent:

OFFICE USE ONLY

Date Application was received: _____

Action Taken: Approved Denied Details: _____

Signature: _____ Date: _____

Chief of Police

Departments Notified:

Fire Department Public Works City Clerk Police Department