

# 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): \_\_\_\_\_

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**PICKET LOCATION:** \_\_\_\_\_

**Dates of Picketing:**  Monday: \_\_\_\_\_  Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_  Thursday: \_\_\_\_\_  Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_  Sunday: \_\_\_\_\_

**Times of Picketing:** \_\_\_\_\_

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

Property Owner:  Business Owner:  Agent:

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### ***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