



SANDY SPRINGS
GEORGIA

City of Sandy Springs Public Assembly Registration Form



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Sponsoring Organization or Individual Information:

Name: _____
Home Address: _____
Phone (Day): _____
Phone (Evening): _____

Filing Officer (For Organizations):

Name: _____
Position: _____

Picketing location: _____

Assemble Date & Time: _____

Start Time: _____ Finish Time: _____

Purpose or Theme _____

Expected number of Participants: _____

Distribution of Literature, Candy, Souvenirs, Etc.: Yes No

Use of Mega Phones: Yes No

Are any Stationary Rallies Included? Yes No

Give a brief description of any signs: _____



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Office Use Only:

City of Sandy Springs Police Department

Public Assemblies must receive approval from the Police Department for crowd control and security measures.

Approval: Disapproval: Signature & Date: _____

Conditions of Approval: _____

By indication of my signature below, I have read the accompanying rules and regulations concerning the City Ordinance pertaining to the permit for which I have applied and I agree to all the conditions thereof. Additionally, I understand that I am also responsible for all participants' knowledge of such terms and conditions in this Public Assembly.

Filing Officer or Sponsoring Organization

Date

Witness