City of Sandy Springs
Public Assembly Registration Form
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: ____________________________________________

__________________________________________

__________________________________________
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