

**APPLICATION  
for  
Fireworks Discharge Prohibitions Waiver**

NAME \_\_\_\_\_  
(Print Name/Responsible Party for Safety and Clean-up)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

I request waiver on \_\_\_\_\_ of the following discharge prohibitions:  
(Date of Event)

(Check those that apply):

- No fireworks of any kind shall be discharged or ignited on any road, Street, highway, alley or other public right-of-way.
  
- No fireworks of any kind shall be ignited or discharged within the City limits between 10:00 p.m. and 10:00 a.m. except July 4<sup>th</sup> until 12:00 midnight.
  
- No fireworks of any kind shall be ignited or discharged prior June 27<sup>th</sup> or after July 5<sup>th</sup>.

In addition, I request (Street Closing, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neighbor List:

Printed Name	Signature	Address	Approval Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)  
\_\_\_\_\_

Marysville Governing Body [approved / denied] your request on \_\_\_\_\_.