



# University of Massachusetts Lowell

## Freedom of Speech/Demonstration Notification Form

University of Massachusetts Lowell  
Police Department  
220 Pawtucket Street Lowell, MA 01854  
978-934-2384 (phone) – 978-934-3024 (fax)

The organization/group should submit a Freedom of Speech/Demonstration Notification Form prior to any activity beginning on campus 48 hours prior to the event.

<b>Office Use - Received By:</b> _____	<b>Date:</b> _____	<b>Time:</b> _____	<b>Obtained via (circle):</b> Walk-in – Phone – Email – Fax
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Organization/Representative Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Preferred Date(s): \_\_\_\_\_

By signing below, I understand the following requirements: **1.)** Adhere to all applicable University of Massachusetts Lowell policies and laws of the Commonwealth of Massachusetts, as they apply to this request. **2.)** Read and abide by policies (see below). **3.)** This is a **NOT** a request to sell/vend or promote a product/service via a table at UMass Lowell; **4.)** If applicable I will be contacted by a UML Representative to confirm the date(s), time, and location of tables.

I understand that my organization is required to keep a signed copy of this notice while on campus – if needed for inspection. I understand that I, and the organization that I represent, will be responsible for following all applicable state laws and University policies, including compliance with the Guidelines for Responses to Demonstrations on University Property. I understand that no table or chairs are allowed, although hand-held signs are permitted and that I, and any representatives of my organization, am required to distribute or collect information from within the demonstration area only. I understand that if I, or those associated with me are soliciting students, faculty and/or staff outside of the designated demonstration area, the group will be asked to leave the University premises. I understand that I am responsible for coordinating appropriate parking permits for my organizations’ representatives, in designated lots. By signing below, I acknowledge that I have read, and agree to abide by, state laws and University policies. The University of Massachusetts Lowell’s policies, applicable laws of the Commonwealth of Massachusetts, and Guidelines for Responses to Demonstrations on University Property are incorporated herein by reference, with the same force and effect as if their full text was inserted hereinto.

With my signature, anyone affiliate with my organization is responsible for adhering to all of the aforementioned policies while on campus

Organization Representative:

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