Noise Log Sheet

Ref: _____

Customer Full Name: _____

Address: _____

Telephone: _____ **Mobile:** _____

Email: _____

Address of noise source: _____

Specific location of noise source (if known): e.g. outside under the patio

_____

Type of noise: (Please check where applicable)

Amplified stereo music ☐ Musical Instruments ☐ Construction site ☐

Power Tools ☐ Pool/Spa Equipment ☐ Air Conditioning Unit ☐

Other Noise ☐ (Please specify): _____

Have you attempted to resolve this matter yourself? Yes* ☐ No ☐

If yes, please provide further details _____

_____

Do you know the name of the occupier(s) of the property where the noise source is located ?_____

How long has this noise been affecting you? _____

I wish to lodge a formal noise complaint and request a noise investigation in relation to the details I have provided. I have completed the attached noise log sheet to show that I have been affected by the noise specified.

1) The City of Kwinana is subject to the Freedom of Information Act 1992.
2) All noise complaints will be dealt with in order of priority.
3) Should legal action be required, you may be requested to give evidence in Court.

Customer Signature: _____ **Date:** _____

Attached pages of log sheets: _____

The form is to be returned to:

City of Kwinana, Corner of Gilmore Avenue & Sulphur Road Kwinana or
PO Box 21 Kwinana WA 6966. Please contact the City of Kwinana Environmental Health Services for further information on 9439 0250.

Noise Log Sheet

Ref: _____

Date	Start Time	Finish Time	Duration	Initials of Witness	Description of noise	Description of how it affects you	Police/ CAD job no.
Eg 6/5/15	8.15am	10.00am	1hr 45mins	VC	Stereo music with strong bass	Had doors and windows shut but was still unable to hear TV clearly.	

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