

Ref: \_\_\_\_\_

## Noise Log Sheet

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 tick 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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