

Ref:

NOISE COMPLAINT RECORD FORM

Public Health Directorate

In order to assist officers of this Department in investigating your complaint you are requested to keep a record of the noise that is affecting you. Please keep these records in the space provided below, continuing on a separate sheet should there be insufficient space. Please record the dates and times that the noise begins and ends, together with a description of the noise and how it affects the use and enjoyment of your property. As such it is vital that the records are accurate in all respects and do not contain vague statements such as "the noise was very annoying all day and night", but detail the precise times of the periods of annoyance and exactly how it annoyed you. Additionally all entries should be restricted to statements of fact rather than personal opinion.

Your details:

Name

Address:

.....

.....

Telephone number:

Source of noise details:

Name:.....

Address

.....

.....

Telephone number:.....

Date	Noise starts	Noise finishes	Type of noise	Comments:

Date	Noise starts	Noise finishes	Type of noise	Comments:

I certify that the above record is a true and accurate statement of the noise complained of.

Signed

Date