

NOISE COMPLAINT FORM

Case Reference No: _____

COMPLAINANT'S DETAILS

Name: (Surname) _____ (First) _____

Address: _____

Suburb: _____ P/Code: _____

Phone Number: _____ Email: _____

DETAILS OF PERSON/S RESPONSIBLE FOR NOISE (if known):

Name (s): _____ CIRCLE: owner occupant builder agent other

Address: _____

Suburb: _____ P/Code _____ Contact Phone Numbers: _____

NATURE OF COMPLAINT (why is the noise unreasonable?):

Type of noise:

Time of Day: Duration of noise events:

How frequent?:

How does the noise affect your health, comfort and welfare?

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I understand that the above information is required by the City of Canning to determine whether my noise complaint can be investigated under the Environmental Protection (Noise) Regulations, and that I may be called as witness in any court proceedings in relation to this noise complaint:

Name of complainant:

Signature:

