



TRIM Reference: _____

RECORD OF NOISE

In order for the City's Health Service to take further action in relation to your noise complaint, it will be necessary for you to record the noise for a fourteen (14) day period.

Name of Complainant: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Address of Noise Source: _____

Noise Type: _____

Date	Start Time	Finish Time	Duration	Initials	Description of Noise	Briefly explain how alleged noise nuisance affects you
6/6/01	0900	0910	10 mins	MB	Stereo	Disturbed me from study

Please Note:

1. City of Greater Geraldton is subject to the Freedom of Information Act 1992.
2. Please be aware that public health issues need to be dealt with in order of priority.
3. Should legal action be necessary, you may be required to give evidence in Court.

Signature: _____

Date: _____

