Development Services Department

HW06

TRIM Reference: _____

RECORD OF NOISE/DUST

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

COMPLAINTANT DETAILS

Name: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

NOISE/DUST DETAILS

Address of Noise/Dust Source: _____

Noise/Dust Type: _____

Date	Start Time	Finish Time	Duration	Your Initials	Description of Noise/Dust Occurrence	Briefly explain how alleged noise or dust nuisance affects you

Po Box 101 Geraldton WA 6531
Geraldton Civic Centre T 08 9956 6600 F 08 9956 6674
Mullewa Office T 08 9956 6643 F 08 9961 1206
E council@cgg.wa.gov.au W www.cgg.wa.gov.au
ABN 55 907 677 173

Date	Start Time	Finish Time	Duration	Your Initials	Description of Noise/Dust Occurrence	Briefly explain how alleged noise or dust nuisance affects you

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: _____