

NUISANCE NOISE DIARY



Instructions: All details on this form are to be completed and signed by the complainant.

I,
Of,
Ph:
Email;
Hereby request Council to investigate a local nuisance that relates to noise, namely: <i>(describe type of noise and activity that is creating the noise)</i>
The noise is emanating from the property located at:
The owner / occupier <i>(cross out not applicable)</i> of the property is believed to be:
If required, I am prepared to appear and give evidence as a witness in a court of law, or inquiry as to the truth of this statement and complaint and provide the attached diary entries to support my allegation of a noise nuisance, and I further state that the information contained in this Noise Complaint record and diary sheets is to the best of my ability a true and accurate record of events and undertake to provide full and further information to the Council if required.
Number of attachments included with this statement (insert number):

(By signing this form, you are indicating you are willing to attend Court and give evidence.)

*Complainant's Details	*Witness Details (Must be a Justice of the Peace)
Name:	Name:
Signature:	Signature:
Date:	Date:

*** THIS SECTION MUST BE COMPLETED FOR AN INVESTIGATION TO BE UNDERTAKEN ***

Action or proceedings, after full evaluation, will remain at the discretion of Council.

NOISE DIARY

Date	Time noise first noticed	Time noise stopped	*Continuity of audible noise Rate 1 – 4*	**Strength of Noise Event Rate 1 - 4**	***Description of Noise source, character, and effects (if any)	Climatic conditions e.g., Temp, wind direction and Other Comments

*Continuity of Each Noise Event	1 -infrequently, 2 - 50% of the time; 3 - Most of the time; 4 - Continuous
**Strength of Noise Event:	1 -Faint or just detectable; 2 - Clearly audible; 3 - Annoying noise, preventing sleep; 4 - Very loud, interfering with lifestyle (cannot enjoy radio, television, conversation)
***Description of Noise:	e.g., music, live music, amplified music, voices, bass, vehicle, machinery noise e.g., air-conditioner, pool pump, grinders, compressors, high or low frequency

*Complainant Name: _____ Signature: _____ Date: _____

NOISE DIARY

Date	Time noise first noticed	Time noise stopped	*Continuity of audible noise Rate 1 – 4*	**Strength of Noise Event Rate 1 - 4**	***Description of Noise source, character, and effects (if any)	Climatic conditions e.g., Temp, wind direction and other comments

*Continuity of Each Noise Event	1 -infrequently, 2 - 50% of the time; 3 - Most of the time; 4 - Continuous
**Strength of Noise Event:	1 -Faint or just detectable; 2 - Clearly audible; 3 - Annoying noise, preventing sleep; 4 - Very loud, interfering with lifestyle (cannot enjoy radio, television, conversation)
***Description of Noise:	e.g., music, live music, amplified music, voices, bass, vehicle, machinery noise e.g., air-conditioner, pool pump, grinders, compressors, high or low frequency

*Complainant Name: _____ Signature: _____ Date: _____