

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.

For any enquiries about noise nuisance concerns please contact the Community Compliance Team on 8406 8222 or email Community Compliance communitycompliance@salisbury.sa.gov.au

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: _____

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