## **RECORD OF NOISE FORM**

A record of noise assists the Environmental Health Officer to determine whether the type, frequency and duration of noise is unreasonable. Generally, a record of 14 days will demonstrate whether the pattern of noise is unreasonable, however shorter periods will be accepted in certain circumstances.

| COMPLAINANT'S DETAILS   |   |   |   |   |  | ADDRESS OF NOISE SOURCE                |                                     |                |
|---|---|---|---|---|--|--|-------------------------------------|----------------|
| Name:<br>Address:   |   |   |   |   |  | Address:                               |                                     |                |
| / taarooo.  |   |   |   |   |  |  |                                     |                |
| Telephone: (H) (W)  |   |   |   |   |  | Noise Type:                            |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
| Date  | Start   |   | Duration  | Initials  | Description of Noise   | Briefly explain he affects you and lev | ow alleged noise<br>el of noise     | nuisance       |
| e.g. 1/1/25   | 0900  | 0910  | 10<br>mins  | MB  | eg. Stereo   | 3. Disturbed me fron                   |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
|   |   |   |   |   |  |  |                                     |                |
| (2) While every to be dealt (3) Should you (4) A mediatio (5) If the form | y effort will<br>with in ord<br>I require fu<br>In service is<br>is not retur<br>Is matter be | be made to<br>er of priority<br>rther inform<br>provided b<br>ned within 1<br>referred to | o resolve your<br>y.<br>ation please o<br>y the Gosnell<br>14 days, it will | request pro<br>contact the C<br>s Community<br>be assumed | mptly, please unde<br>ity's Health Service<br>/ Legal Centre Inc 9 | 9398 1455.<br>o pursue this matter.    |                                     | th issues need |
| Complainant's Signature:  |   |   |   |   |  | [                                      | Please return completed             | I form to:     |
| Date:   |   |   |   |   |  |  | Health Services<br>City of Gosnells |                |

Document Set ID: 5879277 Version: 2, Version Date: 16/04/2025 City of Gosnells PO Box 662 GOSNELLS WA 6990