



NOISE COMPLAINT FORM
ENVIRONMENTAL PROTECTION (NOISE) REGULATIONS 1997
(TO BE COMPLETED BY COMPLAINANT)

Complainant's name: _____

Complainant's address: _____

Phone number (H) _____ (M) _____

Nature of Complaint: _____

Source of noise (Address): _____

Occupier's name (If known): _____

Time of day when noise occurs: _____

How often does the problem occur: _____

Record of Noise: A record of noise indicating the date, time and duration the noise occurs is provided to support my complaint.

Have you made attempts to resolve this matter? Yes No

If yes, give details: _____

Please Note:

- (1) Your details will be kept confidential, however City of Gosnells is subject to the Freedom of Information Act, 1992.
- (2) While every effort will be made to resolve your request promptly, please understand that the City has limited resources and public health issues need to be dealt with in order of priority.
- (3) Should you require further information please contact the City's Health Services on 9397 3021.
- (4) A mediation service is provided by the Gosnells Community Legal Centre Inc 9398 1455.
- (5) If the form is not returned within 21 days, it will be assumed you do not wish to pursue this matter.
- (6) Should this matter be referred to Court for prosecution, you will be called as a witness.

I agree to all of the above.

Complainant's signature: _____

Date: _____

Please return completed form to:

Health Services
City of Gosnells
PO Box 662
GOSNELLS WA 6990