



RECORD OF NOISE FORM

In order for the City’s Health Service to take further action in relation to your noise complaint it will be necessary for you to record the noise for a fourteen (14) day period.

COMPLAINANT’S DETAILS						ADDRESS OF NOISE SOURCE
Name: _____						Address: _____ Noise Type: _____
Address: _____						
Telephone: _____ (H) _____ (W)						
Date	TIME		Duration	Initials	Description of Noise	Briefly explain how alleged noise nuisance affects you and level of noise
	Start	Finish				
e.g. 1/1/13	0900	0910	10 mins	MB	eg. Stereo	3. Disturbed me from sleeping

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 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 14 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



RECORD OF NOISE FORM GUIDELINE

In order for the City's Health Service to assess your noise complaint it will be necessary for you to record the noise for a fourteen (14) day period to assist in **gathering evidence** of the noise nuisance.

This **log may need to be presented in a court of law** and should accurately record the noise nuisance as it affects you, providing as much information as possible. This information should identify the source (property address). This information may be used to determine the most appropriate method and time to measure the noise.

The last column of the noise log asks for a description of how the noise affects you and may be needed to assist in proving a noise nuisance is occurring and how it affects you as a result. It is recommended that you give an assessment of how much the noise on each occasion affects you, rated from *Level 1* the lowest, to *Level 3* the highest.

A definition of the three levels is given below as a guide:

Level 1 Noise

- Can be heard regularly and identifiable as coming from the premises of concern; and
- Is obtrusive and irritating

Level 2 Noise

- Can be clearly heard regularly and identifiable as coming from the premises of concern;
- Is obtrusive and irritating;
- Can be heard above the television, and/or makes it difficult to study; and
- Can be heard inside the house with all doors and windows closed, is frequently occurring or for long periods

Level 3 Noise

- Can be clearly heard regularly and identifiable as coming from the premises of concern;
- Is obtrusive and irritating;
- Can be heard above the television, and/or makes it difficult to study;
- Can be heard inside the house with all doors and windows closed; and/or
- Prevents me from sleeping, or has a frequency (tone) that is grating or upsetting

Thank you for your assistance with this matter, should you require further advice please do not hesitate to contact the City's Health Service on 9397 3021.