**Noise Log Sheet Sample**

**COMPLAINANT DETAILS**

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| **NAME** | S Jones |
| **ADRESS** | 1 Stone St Jonestown 3755 |
| **PHONE** | 91234567 |

**NUISANCE DETAILS**

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| **SOURCE OF NOISE** | | | Air conditioning unit | | | | | |
| **TYPE OF NOISE** | | | cranking sound | | | | | |
| **LOCATION/ADDRESS OF NOISE** | | | Next to fence at rear of property at 57 Smith St, Smithville | | | | | |
| **DATE** | **TIME** | | | **INTENSITY** | | | **DURATION** | **AFFECT ON MYSELF AND OTHERS (if applicable)** |
| **START** | **FINISH** | | **LOUD** | **MEDIUM** | **SOFT** |  |  |
| 1/2/05 | 5am | 9am | | X |  |  | 4 hrs | Woke me, couldn’t get back to sleep. |

**NOISE LOG SHEET**

**Log Sheets play an important role in assisting Environmental Health Officers in the investigation of your complaint.**

**NOTE: Log Sheets need to be completed for a period of at least 2 (two) weeks before forwarding them to the Councils Public Health Unit.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you discussed the issue with your neighbour? YES NO

Has another neighbour made a comment to you about the Noise? YES NO

If YES, who was it and are they willing to support your complaint?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

Are you prepared to have this matter mediated? YES NO

Are you prepared to give evidence in court if necessary? YES NO

I, , wish to make a complaint in relation to the excessive noise at the above address and state that I am prepared to give the evidence under oath before a Court should the complaint not be rectified by the attending Council Officer. I further understand that should it be found that I have given false or misleading information on this document, I will be held accountable before a court of Law for giving false information.

Privacy Statement

The personal information will be used solely by Council for that primary purpose or directly related purposes. The Council may disclose this information if required to do so by law. If this information is not collected we may be unable to action your complaint fully. You can gain access to your own information by contacting Council’s Freedom of Information Officer/Privacy Officer (ph. 03 5624 2411).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMPLAINANTS DETAILS**

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| **NAME** |  |
| **ADRESS** |  |
| **PHONE** |  |

**NUISANCE DETAILS**

|  |  |  |  |  |  |  |  |  |
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| **SOURCE OF NOISE** | | |  | | | | | |
| **TYPE OF NOISE** | | |  | | | | | |
| **LOCATION/ADDRESS OF NOISE** | | |  | | | | | |
| **DATE** | **TIME** | | | **INTENSITY** | | | **DURATION** | **EFFECT** |
| **START** | **FINISH** | | **LOUD** | **MEDIUM** | **SOFT** |
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**FURTHER COMMENTS**

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