



THE CITY OF KEY WEST

Code Compliance Division

P.O. Box 1409

Key West, FL 33041

DISTURBING NOISE COMPLAINT FORM

POLICE CAD # _____ CODE CASE # _____ DATE _____ TIME _____

LOCATION OF NOISE SOURCE _____

LOCATION OF COMPLAINT ☐ Residential ☐ Commercial

COMPLAINANT NAME _____

COMPLAINANT ADDRESS _____

COMPLAINANT TELEPHONE # _____

COMPLAINANT STATEMENT (PLEASE PRINT LEGIBLY)

I hereby state the following (add additional sheets if necessary): _____

I have read each page of this statement consisting of _____ page(s) and swear or affirm that it is true to the best of my knowledge or belief.

Signature of Complainant

Date

Notary Public or Officer Authorized To Administer an Oath

Date

My Notary expires on _____

.....
INVESTIGATING OFFICER NAME: _____

ACTION TAKEN:

☐ Written Warning Issued on _____ ☐ Civil Citation Issued # _____

☐ Notice of Code Violation Issued on _____ (☐ Repeat ☐ Irreparable)