



NOISE COMPLAINT FORM

Environmental Protection (Noise) Regulations 1997

(TO BE COMPLETED BY COMPLAINANT)

Name: _____

Residential Address: _____

Postal Address: _____

Phone Number (during business hours): _____

NB Complainant details will be kept confidential unless legal action is taken. By signing below you agree to provide witness statements if required for a prosecution

Address where noise is coming from (the exact address is required for the complaint to be investigated): _____

Type/source of noise: _____

Time of Day When Noise Occurs: _____

How often does the problem occur? (eg daily, once a week, once a month)

Over what timeframe has the noise been a problem? (eg week, month, year, once off)

Have you discussed the problem with the person making the noise?

Other relevant information:

Signature of Complainant:

Date:

Upon lodgement of the complaint with the City's Health Services, an Environmental Health Officer will conduct an investigation and advise you of the outcome. You may be contacted to provide further details.

Please return completed form to the City of Bunbury Administration Office at 4 Stephen Street, BUNBURY, mail to PO Box 21 BUNBURY WA 6231, fax to 08 9792 7184 or email to records@bunbury.wa.gov.au.