



Shire of Coolgardie

Our Community, Our People, Our Future

NOISE COMPLAINT FORM

I, _____
(Please Print Name)

of, _____
(Please Print Full Address)

Telephone: _____
(Home) (Work) (Mobile)

wish to lodge a complaint in relation to a NUISANCE being created by Noise.

Source: _____

Address: _____

Owner: _____

Time(s) of Noise Nuisance: _____

Have you approached the persons responsible? YES NO

If YES – What was their reaction? (brief outline of conversation) _____

BY LODGING THIS COMPLAINT, I AM WILLING TO APPEAR IN COURT IF NECESSARY AS A WITNESS TO THE TRUTH OF THIS COMPLAINT.

Dated this _____ day of _____ 20 _____

Complainant: _____
(Signature) (Please Print Name)

FOR OFFICE USE ONLY

Complaint taken by: _____ Date: _____

Position: _____ Time: _____