

# Noise Log Sheet

Ref: \_\_\_\_\_

**Customer Full Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address of noise source:** \_\_\_\_\_

**Specific location of noise source (if known): e.g. outside under the patio**

**Type of noise: (Please check where applicable)**

Amplified stereo music ☐ Musical Instruments ☐ Construction site ☐

Power Tools ☐ Pool/Spa Equipment ☐ Air Conditioning Unit ☐

Other Noise ☐ (Please specify): \_\_\_\_\_

**Have you attempted to resolve this matter yourself?** Yes\* ☐ No ☐

If yes, please provide further details \_\_\_\_\_

**Do you know the name of the occupier(s) of the property where the noise source is located ?** \_\_\_\_\_

**How long has this noise been affecting you?** \_\_\_\_\_

I wish to lodge a formal noise complaint and request a noise investigation in relation to the details I have provided. I have completed the attached noise log sheet to show that I have been affected by the noise specified.

- 1) The City of Kwinana is subject to the Freedom of Information Act 1992.
- 2) All noise complaints will be dealt with in order of priority.
- 3) Should legal action be required, you may be requested to give evidence in Court.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attached pages of log sheets:** \_\_\_\_\_

The form is to be returned to:

City of Kwinana, Corner of Gilmore Avenue & Sulphur Road Kwinana or  
PO Box 21 Kwinana WA 6966. Please contact the City of Kwinana Environmental Health  
Services for further information on 9439 0250.

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