**Complainant Information and Noise Details**

Your Name:

Address:

Contact Phone:

Have you verified where the noise is coming from? Do you know what is causing the noise? Have you spoken to the person making the noise?

Yes No Yes No Yes No

**Address of the noise source:**

**Description of what is causing the noise:**

**Have any of your neighbours mentioned this problem to you**? Yes No

If yes, are they prepared to support your claim? Yes No

If yes, please supply their name and address and telephone number below:

Witness Name:

Address:

Phone Number:

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| Noise dates and times | | | Codes to assist in this section are obtained from the field below | | | | |
| Date | Start | Finish | Noise level | Cause of the noise | Location of the noise | Nuisance level | Comments |
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|  |  |  | **Type of noise**   1. Very Weak 2. Weak 3. Distinct 4. Loud 5. Very Loud | **Noise Source (if known)**   1. Power Tools / Equipment 2. Musical Equipment 3. A/C Unit / Pump Heater 4. Motor Vehicles (except when leaving premises) 5. Refrigeration unit fitted to motor vehicle 6. Unknown | **Location of the Noise**   1. Side of house 2. Back yard 3. Front yard 4. Inside house 5. Inside Shed /Garage 6. Other – Please Specify | **Nuisance Level**   1. High 2. Medium 3. Low | **Additional Comments**   * Please provide any additional comments that may assist Council Officers. |

**I certify the above details are a true and accurate record of the events which are the subject of a complaint.  In completing and signing this document I acknowledge that I may be required if necessary to attend the Local Court and give evidence in relation to this matter if required to do so by Wagga Wagga City Council.**

Name:…………………………………………………………. Signed:………………………………………………………… Date:……………………………….

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| Noise dates and times | | | Codes to assist in this section are obtained from the field below | | | | |
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Name:…………………………………………………………. Signed:………………………………………………………… Date:……………………………….