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Noise Complaint

1. Complainant Details

Environmental Protection (Noise) Regulations 1997

Instructions: Please print clearly in the spaces provided.

First Name																											
Surname																											
Address																											
														State Postcode													
Tel	Telephone (home)													Telephone (business)													
Мо	Mobile													Facs	simi	le											
Email																											

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2.	2. Noise Source																										
Ado	Address (Where the Noise is Coming From)																										
															Stat	te				Postcode			de				
	Creator of Noise Name (If not known provide as much detail as possible i.e. Vehicle Rego details, exact ocation of noise, company name etc.)																										
			1101			Pari	y ma	IIIC	Ctc.	/																	
Tim	Time of Day When Noise Occurs																										
Ηον	w Of	ten	Doe	es th	ie N	oise	e Occ	cur?																			
Hav	/e Yo	ou N	/lade	e Att	tem	pts	to R	esol	ve t	he	Mat	ter?	YES	5 🗆	(Giv	e De	etail	s)	N	0 [] (Ex	plai	n W	hy I	Not)		

A record of noise indicating the date, time and duration the noise occurs is provided to support my complaint

YES □ NO □

In order for the City's Environmental Health Services to take further action in relation to your noise complaint, it may be necessary for you to document the frequency and duration of noise emissions. City Officers will advise of requisite diary duration requirements.

Date	Start Time	Finish Time	Duration	Type of Noise	Briefly explain how noise affects you
e.g. 1/7/14	9.00am 9.15am		15mins	e.g. stereo	Disturbed me from study

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3.	Customer authorisation													
	By ticking this box I confirm I understand that this form authorises the City of Perth to reproduce any documents associated with this application for internal purposes only.													
	By ticking this box I confirm the information I have provided in this form is accurate.													
	(A signature is not required on forms lodged electronically and submissions will be treated in accordance with the <i>Electronic Transactions Act 2011 (WA)</i> .)													
	Signature: (de	Date _{dmmyy)}												
	Response Time: 5 working days from date of receipt.													

This form is available in alternative languages and formats on request

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