

**HEALTH SERVICES
NOISE INVESTIGATION REQUEST FORM**



CUSTOMER DETAILS

Applicant Name:	
Address:	
Postal Address:	
Contact Number: (H)	(M)
Email Address:	
Have you attempted to resolve this matter? Yes <input type="checkbox"/> No <input type="checkbox"/>	

NATURE OF COMPLAINT

Source of Noise:		
Address of Noise Source:		
Complete log sheet for the following duration:		
	Construction site, power tools, swimming pool equipment, air conditioning unit, other noise.	Amplified music, party or musical instruments.
Log Duration	7 days	14 days

FURTHER COMMENTS

Please note:

- Whilst all complaints will remain confidential, the Shire of Mundaring is subject to the *Freedom of Information Act 1992*.
- Should the matter be ongoing, the Shire of Mundaring may need to deploy the Sound Level Meter at your property for the purpose of evidence gathering.
- Should legal action be necessary, you may be required to give evidence in court.
- This form is to be completed in full, including the noise log sheet, prior to submission to the Shire of Mundaring for investigation.

I wish to lodge a noise investigation request in relation to the details provided above.

Signed: _____ Date: _____