

# Noise Service Request

Please fill out details clearly – we may not be able to help if you don't.

## PERSON MAKING THE REQUEST

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: (BH) \_\_\_\_\_ (AH) \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

## SOURCE OF NOISE

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

Name of person/company at property (if known): \_\_\_\_\_

I wish to lodge a complaint against excessive noise being caused as indicated in the diary below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## DIARY OF NOISE THAT CREATES NUISANCE

Date	Time	Duration	Type of Noise	Have you attempted to resolve this issue? If so, what action was taken?

Please attach another sheet if necessary.

### Please Note:

1. City of Mandurah is subject to the *Freedom of Information Act 1992*.
2. While every effort will be made to resolve your request promptly, please understand that the City has limited resources and environmental health issues need to be dealt with in order of priority.
3. Should legal action be necessary, you may be required to give evidence in Court.
4. The City undertakes to notify you within 15 working days of this form being returned of how your request has progressed.
5. Should you require further information please contact the City's Health Services.
6. **The *Environmental Protection (Noise) Regulations 1997* do not apply to requests relating to traffic on public roads, aircraft, behavioural (screaming, yelling, etc), or wild animal (i.e. birds, etc) noise, and accordingly, these types of requests will not be investigated.**

### Please return completed form to:

Health Services City of Mandurah PO Box 210 MANDURAH WA 6210	Phone: 9550 3746 (Health Services) Facsimile: 9550 3888 Customer Services: 9550 3777 Email: <a href="mailto:health@mandurah.wa.gov.au">health@mandurah.wa.gov.au</a> Office Location: 3 Peel Street, Mandurah
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