



NOISE SERVICE REQUEST

Environmental Protection (Noise) Regulations 1997

(TO BE COMPLETED BY AFFECTED PERSON)

Name:

.....

Residential Address:

.....

Postal Address:

.....

Phone Number (during business hours):

.....

NB Affected person details will be kept confidential unless legal action is taken.

By signing below, you agree to provide witness statements if required for a prosecution

Address where noise is coming from (the exact address is required for the complaint to be investigated):

.....

Type/source of noise:

.....

Time of Day When Noise Occurs:

.....

How often does the problem occur? (eg daily, once a week, once a month):

.....

Over what timeframe has the noise been a problem? (eg week, month, year, once off):

.....

Have you discussed the problem with the person making the noise? Y/N

Other relevant information:

.....
.....

Signature of affected person:Date:

Upon lodgement of the service request with the Shire of Collie, an Environmental Health Officer will investigate and advise you of the outcome. You may be contacted to provide further details.

Please return completed form to the Shire of Collie Administration Office at 87 Throssell Street, Collie WA 6225, mail to Locked Bag 6225 WA 6225, or email to colshire@collie.wa.gov.au .