



CITY OF WHITEHORSE

GENERAL NOISE COMPLAINT FORM

Complainants Name _____

Address _____

Phone (h) _____ (w) _____ (m) _____

Exact Location of Noise _____

What Type of Noise _____

Have you spoken to the resident about the noise? Yes / No

Are you prepared to have this matter mediated? Yes / No

I, the undersigned, wish to make a complaint in relation to a noise at the above address and state that I am prepared to give evidence under oath before a Court should the complaint not be rectified by the attending Council Officer. I further understand that should it be found that I have given false or misleading information on this document I may be held accountable before a Court of Law.

PLEASE COMPLETE OVER A MINIMUM 7 DAY PERIOD YOU MAY USE THE REVERSE OF THIS FORM IF REQUIRED

Day	Date	Time Noise Started	Time Noise Stopped	Duration

Please continue log on reverse of form if required.

Complainants Signature _____ Date _____

This document is to be completed in full, signed and returned to the City of Whitehorse to enable further investigation.

No action will be taken by Council Officers until they have received this completed and signed document.

Privacy Statement: The personal information on this form is being collected by Council to enable the processing of a General Noise Complaint Form and for the purpose of administration of relevant Acts, Regulations and Local Laws. The personal information will be used by Council for that primary purpose or directly related purposes only. The information will not be released unless required by law. The applicant may apply to Council for access and/or amendments of the information.

