

# NOISE INVESTIGATION LOG SHEET

Please submit this form to [mail@vincent.wa.gov.au](mailto:mail@vincent.wa.gov.au)



CITY OF VINCENT

Name:	Address:
Phone number:	Email:
Address of noise source/s:	Description of noise source/s:

Date	Time		Duration	Type of noise	Where is the noise affecting you?	Were windows/ doors closed and noise still could be heard?	How did this impact you?
	Start	Finish					
e.g. 25/09/19	e.g. 0900 am	e.g. 0930 am	e.g. 30 mins	e.g. Stereo music	e.g. Bedroom	e.g. Yes	e.g. I was unable to sleep

This form must be completed in order to investigate your request. By submitting this form to the City of Vincent you are:

- confirming that this is a true and accurate record of the noise heard at your property
- acknowledging that the City of Vincent is subject to the *Freedom of Information Act 1992* (personal information on this form will remain confidential however details such as dates, times and other information may be released upon request by another party)
- acknowledging that should legal action be initiated by the City, you may be required as a witness to give evidence in Court