

# Noise Complaint Form

## Environmental Protection (Noise) Regulations 1997



To be completed by complainant



### How to submit

Fax this form to the Chief Executive Officer on 9727 0223

Hand-deliver it to the Chief Executive Officer at the Shire Administration building, Forrest Road, Capel

## Section 1 – your details

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Title                | Given name(s)        | Surname              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone number         | Email                |                      |
| <input type="text"/> | <input type="text"/> |                      |
| Address:             |                      |                      |
| <input type="text"/> |                      |                      |
| Signature            | Date                 |                      |
| <input type="text"/> | <input type="text"/> |                      |

NB complainant details will be kept confidential unless legal action is taken. By signing this form, you agree to provide witness statements if required for prosecution.

Address where noise is coming from (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? (e.g., daily, once a week, month, year, once off)

Have you discussed the problem with the person making the noise?

Other relevant information

The complainant needs to fill out the Noise Complaint - Record Log below and submit it with this complaint form to [info@capel.wa.gov.au](mailto:info@capel.wa.gov.au)

