

# Health Services: Noise Investigation Request Form

ABN 21 086 180 442

2 Midland Square, Midland WA 6056

Ph (08) 9267 9267 Fax (08) 9267 9444

swan@swan.wa.gov.au

www.swan.wa.gov.au

To ensure that this matter is appropriately investigated, please complete all sections of this form and return it to the City using the lodgement methods provided below.

*Please note: the City can only take action where legislation permits it to do so.*

## Your contact details

Surname:

First Name:

Address:

Email:

Phone: (Office Hours)

Mobile:

## Source of the problem

Address:

Name of person responsible: (if known)

Phone or other contact details: (if known)

## Details of the problem

Please outline the nature of the problem:

## Action taken to resolve the problem

Have you made attempts to resolve this matter with the other party:

Yes

No

If yes please provide details:

### **Record of noise log**

To help the City’s Health Services in their investigation please record in detail a representative history of all noise nuisance occurrences. In general this should be for a period that demonstrates the duration as well as the frequency of occurrence.

A period of 2 weeks is typical but may be longer or shorter depending on the specific situation and frequency of noise emissions. This information may be able to be backdated if you can recall details of previous occurrences to help speed up the process.

<b>Noise Log</b>			
<b>Date</b>	<b>Start</b>	<b>Finish</b>	<b>Description of noise and effect to you</b>

### **Lodging this form**

Prior to lodging this form it is recommended people first read the City’s Problem with Neighbours – A guide to resolving disputes with neighbours ([www.swan.wa.gov.au/report](http://www.swan.wa.gov.au/report)).

**I have read this guide:** (please tick) **Yes** **No**

- In Person: City of Swan Administration Centre, 2 Midland Square, Midland  
By Mail: PO Box 196, Midland WA 6936  
By Email: [swan@swan.wa.gov.au](mailto:swan@swan.wa.gov.au)

### **Acknowledgement**

Whilst the City endeavours to ensure confidentiality, due to the nature of some requests it may be apparent to the alleged offender as to the source of the complaint. By lodging this request you hereby acknowledge that involvement by the City may on occasion result in a worsening of neighbour relations.

**Complainant’s Signature** **Date**

Where the City receives a request, investigations are undertaken as per established procedures and priority based on risk to public health.

**If you require further information, you may contact the City of Swan’s Health Services on 9267 9267 or visit [www.swan.wa.gov.au](http://www.swan.wa.gov.au).**