

Health Services: Noise Investigation Request Form



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

Name: (Surname) _____ (First) _____
Address: _____
Email: _____
Phone: (Office Hours) _____ (M) _____

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.

Lodging this form

Prior to lodging this form it is recommended people first read the City's Neighbourhood Noise guide. I have read this guide (please tick): Yes No

To lodge this request, please return the form to the City by one of the following:

In Person: City of Swan Administration Centre, 2 Midland Square, Midland between 8.00am to 4.30pm Monday to Friday or alternatively at any City of Swan Library (please check website for location and library opening hours).
By Mail: PO Box 196, Midland WA 6936
By Email: swan@swan.wa.gov.au
By Fax: 9267 9444

Noise Log

Date	Start	Finish	Description of noise and effect to you

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 will be 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.