**Complainant’s Details**

# Record of noise incidents – 2 weeks

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject Property**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Name of person taking record | Time first heard | Time last heard | Source of noise | Description of noise:  volume / pitch / tone | Intensity:  Loud/med/soft | Location that noise could be heard | How does the noise effect your health? |
|  |  | Duration of Noise | |  |  |  |  |  |
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Complainant’s signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing I declare that the information contained in this log is true and correct and I acknowledge that enforcement action may be taken by the Victorian Commission for Gambling and Liquor Regulation as a result and that I am prepared to appear in court as a witness if required.**

**I further understand that by giving false or misleading information on this document I may be held accountable before a court of law. Heavy penalties apply.**