

## **Noise Investigation Request**

Thank you for contacting the Shire of Merredin regarding your noise concerns. Should you wish to lodge a noise investigation request, please complete and return the enclosed 'Noise Investigation Request Form' and accompanying 'Log Sheets', so that the Shire can investigate your noise concerns.

It is important that you accurately record the noise nuisance as it affects you, providing as much information as possible. This information should also identify the source of the noise (at least the property address). It is recommended that you record the noise disturbances on the attached 'Log Sheets' for the time period specified for that particular type of noise. This information will then be used to determine the nature of the noise and possibly identify a pattern of the times and days the noise typically occurs. Details provided will then assist the Executive Manager Development Services to investigate your noise issue.

### **Enclosed in this package:**

- 1. Noise Investigation Request Form (to be completed and returned)
- 2. Log Sheet(s) (to be completed and returned)
- 3. Neighbourhood Noise Information Guide (for your information)

Please return completed forms to: Shire of Merredin

PO Box 42

**MERREDIN WA 6415** 

Or return the forms to: Council Offices: Cnr King and Barrack Street

Thank you for your assistance with this matter, should you require further information please do not hesitate to contact the Executive Manager Development Services on Ph: 9041 1611

#### Please Note:

In some cases, legal action may be necessary to a resolve a noise problem and in such cases the evidence of persons affected by the noise may be vital to achieving a successful outcome. Anyone making a noise complaint should be aware that they may be required to give evidence in Court should the need arise.

Should this form not be returned to the Shire within 30 days of being sent, it will be assumed you do not wish to pursue this matter further at this stage.

## **NOISE INVESTIGATION REQUEST FORM**

# CUSTOMER CONTACT DETAILS (Please fill out details clearly)

Given Name:	Surname:
Address:	
Suburb:	Postcode:
Contact numbers:	
Home	Work:
Mobile	Email Address:
<u>NC</u>	DISE SOURCE DETAILS
Address of Noise Source:	
Type of	Noise: (please tick appropriate box)
Fill out Log Sheet for up to 14	Days for the following types of noise:
Amplified Stereo Music	
Party	
Musical Instruments	
Fill out Log Sheet for up to 7 L	Days for the following types of noise:
Construction Site	
Power Tools	
Swimming Pool/Spa Equipment	
Air Conditioning Unit	
Other Noise	Describe:
Have you attempted to resolve the	his matter yourself? Yes ☐ No ☐
I wish to lodge a noise inversed.	vestigation request in relation to the details I have
` '	ject to the Freedom of Information Act, 1992. ssary, you may be required to give evidence in Court.
Signed:	Dated:

LOG SHEET							
Date Time		me	Duration	Type of Noise	Description of Noise Disturbance		
	Start	Finish					
e.g. 25/9/07	e.g.: 0900	e.g.: 0930	e.g.: 30 mins	e.g.: Stereo music	e.g.: Could clearly hear bass component of stereo music with all doors and windows closed.		

	LOG SHEET							
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