NOISE COMPLAINT FORM

Environmental Protection (Noise) Regulations 1997

To be completed by complainant

Town of Cambridge

1 Bold Park Drive
Floreat WA 6014
Telephone: 9347 6000
www.cambridge.wa.gov.au

DETAILS	DATE:
Complainant's name:	
Complainant's address:	Postcode:
Complainant's email:	
Complainant's phone:	Mobile:

Nature of complaint:

Source of noise (address):
Occupier's name (if known):
Time of day when noise occurs:

How often does the problem occur:

Further remarks:

I wish to lodge a noise investigation request in relation to the details I have provided above. I understand that Town of Cambridge is subject to the Freedom of Information Act 1992 and, that should legal action be necessary, I may be required to give evidence in court.

SIGNATURE OF COMPLAINANT
Signature:

Please post to: Town of Cambridge, 1 Bold Park Drive, Floreat or PO Box 15, Floreat WA 6014 or email to: mail@cambridge.wa.gov.au