Name: Name Here Contact Number: Contact Number Here

Address: Your Address Here

Address of Noise Source: Address of Noise Source Here

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **TIME** | **DURATION** | **TYPE OF NOISE** | **DESCRIPTION OF NOISE DISTURBANCE** |
| **START** | **FINISH** |
| e.g: 20/12/2024 | 0900 | 0930 | 30 mins | Stereo noise | Could clearly hear bass component of stereo music with all doors and windows closed. Was reported to the Police (police reference number) |
| Date | Start Time | Finish Time | Duration | Type of Noise | Description of Noise Disturbance |
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