

Date \_\_\_\_\_ Local Authority: Rockingham

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. / Mobile:- \_\_\_\_\_

Email Address: \_\_\_\_\_

**NATURE OF COMPLAINT:** \_\_\_\_\_

**SOURCE OF OFFENDING NOISE -** \_\_\_\_\_

(Property Address):- \_\_\_\_\_

Time of day when noise occurs: \_\_\_\_\_

**FURTHER REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
NAME OF COMPLAINANT

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**OFFICE USE ONLY**

Occupier's name: \_\_\_\_\_

After hours number: \_\_\_\_\_

Yes

No

Contact number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_