CSM number:

City of Sydney
Health and Building Unit

Noise nuisance recording log

Please complete the noise log sheet and detail incidents that cause noise nuisance over 10 days. Return it to the Health and Building Unit within 7 days of its completion.

The information you provide in this log may be presented in court should the complaint not be resolved informally.

Should the log not be returned during this time, then it will be assumed that the noise has returned to an acceptable level. As such, no further action will take place.

Complainants name and address:

Address where noise is coming from:

Type of noise, for example cooling fans or loud music:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time noise started | Time noise stopped | Source of the noise | Briefly describe how the noise affected you, state whether the windows were open or closed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I solemnly and sincerely declare that the information above was written by me and is a true and accurate record of the observations I made and the noise referred to in this complaint

Signed:

of (address:

Date:

Please return the complete log by:

Mail

Health and Building Unit

City of Sydney

GPO Box 1591

Sydney NSW 2001

Or email HealthBuildingInfo@cityofsydney.nsw.gov.au.