



CITY OF
Rockingham

COMPLAINT AS TO A NOISE

Date _____ Local Authority: Rockingham

Name and address of complainant: _____

Telephone Number/s: _____

Nature of Complaint: _____

Source of offending noise (property address): _____

Time of day when noise occurs: _____

Further remarks: _____

SIGNATURE OF COMPLAINANT

NAME OF COMPLAINANT
(please print)

OFFICE USE ONLY

Occupiers name: _____ After hours number: Yes No

Contact number: _____

Comments: _____

