

REF:

# NUISANCE RECORD FORM

Keep a note below and on a separate sheet if necessary of the date when the nuisance occurs, the time it starts and finishes, and the way in which it affects you.

**PLEASE COMPLETE IN BLACK INK**

Remember that action necessary to resolve this problem may involve legal proceedings. It is important that accurate records are kept and specific times when the nuisance affects you are noted. Phrases such as "all the time", "every day", should be avoided. If Court action is taken you must be prepared to produce and give evidence of the alleged nuisance.

**Your Details**

Name: .....  
Address: .....  
.....  
Telephone No: .....

**Source of Nuisance Details:**

Name: .....  
Address: .....  
.....  
Telephone No: .....

DATE	STARTS	FINISHES	DESCRIPTION OF THE NUISANCE	HOW IT AFFECTS ME

I certify that the above record is a true statement of the nuisance I am experiencing.

Signed: ..... Name (printed) ..... Dated: .....

**CONTINUATION SHEET**

DATE	STARTS	FINISHES	DESCRIPTION OF THE NUISANCE	HOW IT AFFECTS ME

I certify that the above record is a true statement of the nuisance I am experiencing.

Signed: ..... Name (printed) ..... Dated: .....