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

.....

Telephone No:*Write your telephone number in here*.....

Source of Nuisance Details:

Name:<mark>Tell us the name of the person making the noise if you know it Address:Write in here the address of where the noise is coming from</mark>

Telephone No: ... Of the person making the noise if you know it.....

DATE	STARTS	FINISHES	DESCRIPTION OF THE NUISANCE	HOW IT AFFECTS ME
15/6/2015	2015 Use 24 ho	0020 Jour clock times	Loud music, thumping bass, fast dance music	Could hear it over TV. I feel angry and stressed, puts me on edge. I can hear it in the bedroom too so I can't sleep.
18/6/15	2230	0140	Loud dance music with thumping bass, on and off throughout this time. It was played for 5 or 10 minutes at a time, then off for a few minutes then back on.	As above
23/6/15	2140	2230	Loud dance music with thumping bass.	Mainly the bass that I could hear over the TV.

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

Signed:You must sign each sheet......

Name (printed) ... Print your name in CAPITALS.....

Dated:Enter the date you completed the sheet......