

## Record of nuisance – 7 Consecutive Days

**Please begin completing this log form once received. If not returned to Council within 21 days of registered complaint date, no further action will be taken.**

**Complainants Details**

Charm Reference Number: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Subject Property Address: \_\_\_\_\_

Date	Name of person taking record	Duration of nuisance		Source of nuisance	Description of nuisance: volume / intensity	Location where nuisance could be heard/smelt	Effect nuisance had on you
		Time first heard	Time last heard				

**Privacy Statement**  
 The Council is collecting this information under the requirements of the Public Health and Wellbeing Act 2008 for enforcement and public health purposes. It may be used for the application of the Act. It will be treated in compliance with Hobsons Bay City Council's Privacy Principles and the Privacy and Data Protection Act 2014.