

Noise Log

(Should be kept by a person experiencing Noise Nuisance)

Name: _____

Address: _____

Address of Suspected noise Source: _____

Date Start	Start Time	Finish Time	Description of Noise (Tonal or Impulsive)	Other Comments (e.g. Intensity)
				e.g. Noise woke me up. e.g. Noise all day but worse after 8.00pm

Do not forget to complete the declaration of record details.

Declaration of True Record

I (Name) _____ confirm that the above list is a true record of events

recorded from (Date) _____ to (Date) _____.

Signature: _____ Date: _____

I am/am not* prepared to appear in court to give evidence if required (*please delete as appropriate).