

Nuisance Record Form- Community Safety Unit Case 12856 12.7.2012

Record of noise &/or nuisance from (address of premises) _____

Name of occupier (if known) _____

Description of type of noise nuisance _____ Number of pages _____

Record kept by name(s) _____ Address _____

I certify that the following entries are a true record of events (Signed) _____

It is important that all information should be as accurate as possible since it may form the basis of legal proceedings.

The first line has been completed as an example for you to follow when recording your own information



Please return this form to:-
Community Safety Unit
B Block North, Civic Centre
Silver Street
Enfield EN1 3XA

Day and date	Time noise starts	Time noise ends	Source of Disturbance/ type of Noise/incident	Effect of disturbance (e.g. sleep disturbance, headache, prevention of enjoyment of garden, damage etc.) Please write in full any abusive language used, including swear words. Please note Police ref no's if applicable	Location & or Name of person causing alleged noise/nuisance	Sign including date and time
Monday 19/09/2003	12:13 am	1:27 am	Flat above my flat (flat number 34) Radio noise and music	The noise stopped me from going to sleep and woke up my baby	Main bedroom of my flat	J Bloggs 19/9/2003 01:35am

PLEASE NOTE –UNSIGNED/ INCOMPLETE LOGS WILL BE RETURNED FOR COMPLETION

Day and date	Time noise starts	Time noise ends	Source of disturbance and type of noise	Effect of disturbance (e.g. sleep disturbance, headache, prevention of enjoyment of garden, damage etc.) Please write in full any abusive language used, including swear words. Please note Police ref no's if applicable	Location and or Name of person Causing alleged Noise/nuisance	Sign include date and time

Case 12856 12.7.12

PLEASE NOTE –UNSIGNED/ INCOMPLETE LOGS WILL BE RETURNED FOR COMPLETION