

**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 \_\_\_\_\_

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 on the basis of legal proceedings.**



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

The first line has been completed as an example for you to follow when

| and            | 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.)<br>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                 |
|----------------|-------------------|-----------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------|
| day<br>19/2003 | 12:13 am          | 1:27 am         | Flat above my flat (flat number 34)<br>Radio noise and music | The noise stopped me from going to sleep and woke up my baby                                                                                                                                                                 | Main bedroom of my flat                                     | J Bl<br>19/9<br>01:3 |
|                |                   |                 |                                                              |                                                                                                                                                                                                                              |                                                             |                      |
|                |                   |                 |                                                              |                                                                                                                                                                                                                              |                                                             |                      |
|                |                   |                 |                                                              |                                                                                                                                                                                                                              |                                                             |                      |

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

\_\_\_\_\_ of \_\_\_\_\_

| and | 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.)<br>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 |
|-----|-------------------|-----------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------|
|     |                   |                 |                                         |                                                                                                                                                                                                                              |                                                               |      |