

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.) 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 19/2003	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 Bl 19/9 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.) 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