

## NOISE RECORD SHEETS

**NAME:**

**ADDRESS:**

**TELEPHONE NO:**

**EMAIL:**

**ADDRESS WHERE NOISE IS COMING FROM:**

**PLEASE NOTE:** This sheet may be used as a formal record of the noise disturbances about which you have complained. In the event of legal proceedings being started, it could form the basis of formal evidence which you would be required to sign.

Please be as honest and truthful as possible with the details you enter on to the noise record sheet. For each log try to include the following details:

- **Where is the noise coming from?** (identify the source of the noise) i.e from garden of no 1, Any street.
- **Date and time of each noisy incident recorded?** (please use dd/mm/yy and 24hr clock i.e 01/06/12 at 00:30)
- **Length of time the noisy incident goes on for?** (What time does it stop, Is it intermittent or changeable?)
- **What type of noise?** Describe. i.e recorded or live music, power tools, DIY, voices, machinery, high pitch, low pitch noise.
- **The room(s) where you are hearing the noise?** Eg In living room or bedrooms
- **The loudness of the noise?** In worst affected room.( 1 to 5. Where 1= Can just be heard in a quiet room to 5= Very intrusive, can be heard clearly above your own TV or radio.)
- **How is the noise affecting you?** Note the impact the noise is having on you or your family at the time.
- **Have you contacted the occupiers at the noise source?** Detail any conversations or correspondence you have between yourself and the person(s) responsible for the noise.

**Example of how to complete the noise record sheets.**

DATE	TIMES FROM - TO	DESCRIPTION Description of noise	HOW IS IT EFFECTING YOU
01/01/13	00:00 to 01:00	Loud music from the radio being played in their living room.	Music is so loud, we can't hear our TV. Can hear it in our living room (5) and in the master bedroom, but not as bad (2). It always happens at this time of day every weekend.

Turn over the page to start completing your noise record sheets.

**Complaint number:-**

<b>DATE</b>	<b>TIMES FROM - TO</b>	<b>DESCRIPTION</b> Description of noise	<b>HOW IS IT EFFECTING YOU</b>

**Complaint number:-**

DATE	TIMES FROM - TO	DESCRIPTION Description of noise	HOW IS IT EFFECTING YOU

**Complaint number:-**

<b>DATE</b>	<b>TIMES FROM - TO</b>	<b>DESCRIPTION</b> Description of noise	<b>HOW IS IT EFFECTING YOU</b>

**Complaint number:-**

<b>DATE</b>	<b>TIMES FROM - TO</b>	<b>DESCRIPTION</b> Description of noise	<b>HOW IS IT EFFECTING YOU</b>

**Complaint number:-**

<b>DATE</b>	<b>TIMES FROM - TO</b>	<b>DESCRIPTION</b> Description of noise	<b>HOW IS IT EFFECTING YOU</b>

**Complaint number:-**