Noise Diary

Bayside Council
Serving Our Community

..... (name)

..... (address)
wish to submit the following record indicating the dates, times, durations and characteristics of a noise nuisance

emanating from ..... (subject premises)

I would be prepared to give evidence in court if required that this record is true, accurate and the manner in which this noise affects me.

Signature ..... Date .....

DATE	TIME	DURATION	CHARACTERISTIC

Postal address
PO Box 21, Rockdale NSW 2216
ABN 80 690 785 443

Bayside Customer Service Centres
Rockdale Library, 444-446 Princes Highway, Rockdale
Westfield Eastgardens, 152 Bunnerong Road, Eastgardens

E council@bayside.nsw.gov.au
W www.bayside.nsw.gov.au
T 1300 581 299 | 02 9562 1666

Telephone Interpreter Services: 131 450 Τηλεφωνικές Υπηρεσίες Διερμηνέων بخدمة الترجمة الهاتفية 電話傳譯服務處 Служба за преведување по телефон